2003 FOR PROFIT CORPORATION

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000093212 DOCUMENT # 1. Entity Name 04-28-2003 90512 005 ***150.00 HANG CHOW CORP. Principal Place of Business Mailing Address 890 VILLA DR. 890 VILLA DR. Old/Delete MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address 2519 E. Hiahwa Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 59 - 360 4450 Applied For City & State City & State 4. FEI Number APPLIED FOR Jalrico Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired _____ ilsborouan 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIANG HUANG, JIAN L Street Address (P.O. Box Number is Not Acceptable) 10ld/Delete **628 WALNUT DRIVE** 60 MELBOURNE FL 32935 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 4-20-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 🕏 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CR2E034 (10/02) **Change** ☐ Addition **⊠** Delete TITLE TITLE HUANG, JIAN LIANG 2519 & Highway 60 - Delete NAME HUANG, JIAN Q -MAME **628 WALNUT DRIVE** STREET ADDRESS STREET ADDRESS Valrico, FL 33594 **MELBOURNE FL 32935** CITY-ST-ZIP CITY-ST-ZIP STVD **X** Change ☐ Addition **∑** Delete TITLE TITLE VICTORIA QUAN HUANG Change PD NAME HUANG, JIAN L -NAME 2519 E. Highway 60 **628 WALNUT DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** --- Change ☐ Addition `□ Dēlētē'' TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

813)767-0871