2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 06, 2004 08:00 AM DOCUMENT # P99000110911 **Secretary of State** HELI FORKLIFT WHOLESALE, INC. Mailing Address Principal Place of Business 11400 INTERCHANGE CIRCLE, NORTH 11400 INTERCHANGE CIRCLE, NORTH MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Aot, #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FE! Number 65-0969467 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONG, RENWU Street Address (P.O. Box Number is Not Acceptable) 11400 INTERCHANGE, NORTH MIRAMAR FL 33025 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE Delete TITLE U00000078893 NAME HE, CHAOLIN NAME 03/08/04-80044-007 158.75 STREET ADDRESS 11400 INTERCHANGE CIRCLE, NORTH STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME GONG, RENWU NAKAS 11400 INTERCHANGE CIRCLE, NORTH STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP City-st-zip ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LIU, ZHENHU STREET ADDRESS STREET ADDRESS 11400 INTERCHANGE CIRCLE, NORTH CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE HU, WENHONG NAME NAME STREET ADDRESS 11400 INTERCHANGE CIRCLE, NORTH STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

SIGNATURE:

HAME OF SIGNING OFFICER OR DIRECTOR

FILED