

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000110911

1. Entity Name
HELI FORKLIFT WHOLESALE, INC.



Principal Place of Business
11400 INTERCHANGE CIRCLE, NORTH
MIRAMAR, FL 33025

Mailing Address
11400 INTERCHANGE CIRCLE, NORTH
MIRAMAR, FL 33025



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0969467

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZHENHU, LIU
11400 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐ \$5.00 May Be
Added to Fees

U00000213644
02/03/05-80078-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HE, CHAOLIN
STREET ADDRESS	11400 INTERCHANGE CIRCLE, NORTH
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	VP
NAME	LIU, ZHENHU
STREET ADDRESS	11400 INTERCHANGE CIRCLE, NORTH
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	HU, WENHONG
STREET ADDRESS	11400 INTERCHANGE CIRCLE, NORTH
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Liu Zhenhu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2004

Date

954-436-8098

Daytime Phone #