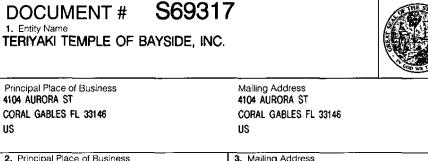
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90239 022 ***150.00

COUNTING

US			US	US											
2. Principal Place of Business			3. Mailing	3. Mailing Address					#3 1 ()						
Suite, Apt.	#, etc.	.,	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES							
City & Stat	te		City & State				4.	1 0031273519						oplied For ot Applicable	-
Zip		Country	Zip	Zip Co			5.	. Certificat	e of Status	Desired			3.75 Add e Require		
	6. Name	and Address of Current		7. Name and Address of New Registered Agent											
YEUNG, HOI SANG							Name Street Address (P.O. Box Number is Not Acceptable)								
CORAL GA	ABLES FL 3	3146										FL	Zip Cod	e	-
8. The above	tions of regist				egisterec	office or	registered a	agent, or be	oth, in the	State of F	lorida.	I am fam	nillar with,	and accept	
	Signature, typed	or printed name of registered agent	and title if applicable	(NOTE:	Registered /	Agent signatu	re required when	reinstating)			D	ATE			{
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							-		lection Ca rust Fund (9 🗆		May Be to Fees	
10.		OFFICERS AND	DIRECTORS	DIRECTORS 11.			A	DDITIONS	CHANGE	ES TO OF	FICERS	AND DI	RECTOR:	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yeung, Ho 4104 Auro Coral Ga			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP						C] Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP] Change	☐ Addition	
TITLE NAME				☐ Delete	TITLE] Change	☐ Addition	1

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP