2007

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90060 006 ***150.00

DOCUMENT # V33346

1. Entity Name
Jialing Motorcycle (America) Corp.

DO NOT WRITE IN THIS SPACE

40053371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10914 N.W. 33rd St.	10914 N.W. 33rd St.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Doral, FL	City & State: Doral, FL
Zip: 33172-5028 Country: USA	Zip: 33172-5028 Country: USA

4. FEI Number: 65-0330190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Xu, Lin

Street Address (P.O. Box Number is Not Acceptable): 13220 S.W. 98th Pl.

City: Miami **FL** Zip Code: 33176

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D/P/S/T	TITLE	
NAME	Xu, Lin	NAME	
STREET ADDRESS	13220 S.W. 98th Pl.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33176	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lin Xu 04/06/07 305-477-1277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1