FILED
Apr 19, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000039466

1. Entity Name
ORIENTAL SOUPS, INC.

Principal Place of Business	Mailing Address
18717 SW 105 PLACE MIAMI, FL 33157	18717 SW 105 PLACE MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1122494

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUE, HERMAN DERRICK
18717 SW 105 PLACE
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

6. 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 changing) DATE

FILE NUMBER FEE IS $150.00
After May 1, 2004 Fee will be $500.00

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 may be Added to Fees

U00000117149
04/19/04-80008-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUE, H D.
STREET ADDRESS	18717 SW 105 PLACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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: _____ 4/14/04 (305)235-1829
Date Telephone Number
NAME AND TITLE OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN