


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90045 001 ***150.00

DOCUMENT # P01000098730

1. Entity Name
AMERICAN HERBAL ASSOCIATION INC.



Principal Place of Business Mailing Address

7971 SW 40 ST 7971 SW 40 ST
 15 15
 MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address

7951 SW 40 ST **7951 SW 40 ST**


Suite, Apt. #, etc. Suite, Apt. #, etc.
202 **202**

City & State City & State

Miami **Miami**

Zip Country Zip Country

FL **33155** **FL** **33155**



MOORE CR2E034 (11/03)

4. FEI Number Applied For

52-2352103 Not Applicable

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

6. Name and Address of Current Registered Agent

HONG, ZHONG
7971 SW 40 ST UNIT 15
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **Zhong Hong**

Street Address (P.O. Box Number is Not Acceptable) **7951 SW 40 ST**

City **Miami** State **FL** Zip **33155**

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 **HONG, ZHONG (PD) (Hong, Zhong)** DATE **02/20/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HONG, ZHONG	7971 SW 40 ST UNIT 15	MIAMI FL 33155	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	HONG, ZHONG	7951 SW 40 ST suite 202	Miami FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	HONG, GUANG	7951 SW 40 ST suite 202	Miami FL 33155	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D	HONG, WENJIE	7951 SW 40 ST suite 202	MIAMI FL 33155	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **HONG, ZHONG (Hong, Zhong)** DATE: **02/20/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #