


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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 003 ***150.00

DOCUMENT # P01000098730
1. Entity Name
AMERICAN HERBAL ASSOCIATION INC



DO NOT WRITE IN THIS SPACE

90066248

2. Principal Place of Business
7971SW40ST
Suite, Apt. #, etc.
15

3. Mailing Address
7971SW 40ST
Suite, Apt. #, etc.
15

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33155 Country
USA

Zip
33155 Country
USA

4. FEI Number
52-2352103

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
ZHONG HONG

Street Address (P.O., Box Number is Not Acceptable)
7971 SW 40ST APT 15

City
miami FL Zip Code
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: Zhong Hong DATE: 03/26/03

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PD ZHONG HONG 7971SW40ST APT 15 MIAMI FL 33155</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Zhong Hong DATE: 03/26/03 PHONE: 305-269-7118

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

CR2E034B (12/02)