

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F02000002654</b> 1. Entity Name <b>SHINWA USA, INC.</b>					
Principal Place of Business <b>12779 ROSELAND ROAD ROSELAND, FL 32957</b>			Mailing Address <b>P.O. BOX 908 ROSELAND, FL 32957 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>ANDREWS, KENNETH 12779 ROSELAND ROAD ROSELAND, FL 32957</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YAMADA, HIROSHI 12779 ROSELAND ROAD ROSELAND, FL 32957	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, JON HOI 12779 ROSELAND ROAD ROSELAND, FL 32957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDREWS, KENNETH 12779 ROSELAND ROAD ROSELAND, FL 32957	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AOYAMA, KEIKO 12779 ROSELAND ROAD ROSELAND, FL 32957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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.			P/S/T/D <b>ANDREWS, KENNETH</b> <b>12779 ROSELAND ROAD</b> <b>ROSELAND, FL 32957</b>  <b>600040221606</b> <b>08/16/04--01071--012 **70.00</b>		
<b>SIGNATURE:</b> <i>Kenneth Andrews</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>7/19/04</b> Daytime Phone #: <b>772-388-8803</b>		

FILED  
 AUG - 6 PM 14  
 SECRETARY OF STATE  
 TALLAHASSEE, FL



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