


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F02000005970</b><br>1. Entity Name<br>JIANG HUA INT'L USA, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>7800 NW 25TH ST.<br>SUITE 1<br>MIAMI, FL 33122 | Mailing Address<br>7800 NW 25TH ST.<br>SUITE 1<br>MIAMI, FL 33122 |
|---|---|



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>95-4882265 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>LIU, SHIYONG<br>7800 NW 25TH ST.<br>SUITE 1<br>MIAMI, FL 33122 |
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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 _____ |
|-----------------|--|------------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | C<br>WANG, TING JIANG<br>1100 COINER CITY<br>CITY OF INDUSTRY, CA 91748 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LIU, SHIYONG<br>7800 NW 25TH ST., SUITE 1<br>MIAMI, FL 33122       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>DONG, LAN<br>1611 S GARFIELD AVE #100B<br>ALHAMBRA, CA 91801       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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01/20/05-80020-007 158.75

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

|   |            |                       |
|---|------------|-----------------------|
| <b>SIGNATURE:</b> _____<br>- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date _____ | Daytime Phone # _____ |
|---|------------|-----------------------|