


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90124 005 \*\*\*150.00

<b>DOCUMENT # H32304</b>	
1. Entity Name <b>CHINA BRIDGE, INC.</b>	

Principal Place of Business <b>238 US HWY 19 KINGS BAY PLAZA P. O. BOX 1355 CRYSTAL RIVER, FL 34423 US</b>	Mailing Address <b>238 US HWY 19 KINGS BAY PLAZA P. O. BOX 1355 CRYSTAL RIVER, FL 34423 US</b>
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**24083746**



2. Principal Place of Business <b>238 US Hwy 19 Kings Bay</b>	3. Mailing Address <b>238 US Hwy 19 Kings Bay</b>
Suite, Apt. #, etc. <b>Plaza</b>	Suite, Apt. #, etc. <b>Plaza</b>
City & State <b>Crystal River, FL</b>	City & State <b>Crystal River, FL</b>
Zip <b>34429</b>	Country <b>Citrus</b>

05262004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2469461</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>HO, KAI CHEONG 238 US HWY 19 KINGS BAY PLAZA CRYSTAL RIVER, FL 34429</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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HO, DAVID KAI CHEONG 238 US HWY 19 KINGS BAY CRYSTAL RIVER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HO, ANITA MEI I. 238 US HWY 19 KINGS BAY CRYSTAL RIVER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DAVID HO 5-27-04 (352)-795-1774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #