2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # H63515** WAI SHING, INC. Principal Place of Business Mailing Address C/O SHING YIM C/O SHING YIM 3105 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312-1110 3283 RIDGE TRACE DAVIE, FL 33328 04132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2600230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YIM, SHING DO NOT WRITE 3105 W. BROWARD BLVD. FT. LAUDERDALE, FL. IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PDS IIILE YIM, SHING STREET ADDRESS 3283 RIDGE TRACE CRY-ST-ZP **DAVIE, FL 33328** U00000117460 04/19/04-80020-019 150.00 me STREET ADDRESS CRY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information andicated 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 507, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MAN TO THE OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

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