


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90308 049 \*\*\*150.00

<b>DOCUMENT # P00000040383</b> 1. Entity Name CHINA 1 DEVELOPMENT, INC.	
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Principal Place of Business 1107 WEST NORTH BLVD 441 SUITE 10 LEESBURG, FL 34748	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803
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66424624



04102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3637882	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LIU, BI JIN  
1107 WEST NORTH BLVD 441  
SUITE 10  
LEESBURG, FL 34748

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PV. LIU, BI JIN 1107 WEST NORTH BLVD 441 SUITE 10 LEESBURG, FL 34748
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**DO NOT WRITE  
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #