2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90795 001 ***300.00

DOCUMENT # P00000066706

1. Entity Name
HUA XIN GROUP, INC.

Principal Place of Business	Mailing Address
48554 N HWY 27 DAVENPORT, FL 33837	3677 ORLANDO DR. SANFORD, FL 32773

04242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5015 N Hwy 27	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	ao the
City & State: Davenport FL 33837	City & State: principal business
Zip / Country	Zip / Country

4. FEI Number: 59-3664754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIU, YI H 43554 N HWY 27 DAVENPORT, FL 33837	Name: Liu, Yi Hua Street Address (P.O. Box Number is Not Acceptable): 5015 N Hwy 27 City: Davenport FL Zip Code: 33837

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: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LIU, YI HUA 3677 ORLANDO DR. SANFORD, FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	257 Ruby Lake Lane Winter Haven FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FANG, JESSIE B 2769 SNOW GOOSE LANE LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	257 Ruby Lake Lane Winter Haven FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LIU, XUE HUA 5015 N HWY 27 DAVENPORT, FL 33837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Liu, Xu H 122 alton st Davenport FL 33897	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LIN, ZHEN XI 5015 N HWY 27 DAVENPORT, FL 33837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	122 alton st Davenport FL 33897	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X _____ 4/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #