
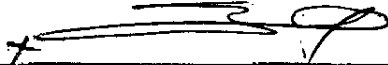


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90451 050 \*\*\*150.00

|  |   |   |   |
|--|---|---|---|
| DOCUMENT # P01000045078  |   |  |   |
| 1. JIANG'S GROUP, INC.   |   |   |   |
| 04/28/04 19:02 FAX 4076714352<br>CAPE CORAL, FL 33990-1059 US  |   | Attachment<br>R SIU CPA & D FOX CI  |   |
| 2.   | 3.  | 04242004 Chg-P CR2E034 (10/03)  |   |
|  |   | 4. 69-1096178   |   |
|  |   | 5. <input type="checkbox"/> \$8.75 Additional Fee Required                        |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent                                       |   |
| SIU, RACHEL<br>5100 OLD HOWELL BRANCH RD<br>WINTER PARK, FL 32792  |   |   |   |
|  |   | FL  |   |
| 8.   |   |   |   |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |   | 9. <input type="checkbox"/> \$5.00 May Be Added to Fees                           |   |
| 10.  |   | 11.   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>JIANG, JUN<br>1902-D SHADES CLIFF TERRACE<br>BIRMINGHAM, AL 35216<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>920 SE 17th St<br>Cape Coral FL 33990 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>TANG, KUE MING<br>1867 SUNSET PLACE<br>FT. MYERS, FL 33901<br><input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. SIGNATURE:  4/24/04<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |   |   |   |