2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000051658 1. Entity Name GOODLAND ENTERPRISES, INC. OF TAMPA STATE						41 030 ***150.00	
Principal Place 15309 AMBE TAMPA, FL 3	RLY DRIVE	Mailing Address 15309 AMBERLY DRIVE TAMPA, FL 33647					
NA SIAT ISINITE ISI TIJIA ANSAE				04292004 No	Chg-P C	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPAC			~ E	4. FEI Number 59-3716013		Applied For Not Applicable	
				5. Certificate of Stat		\$8.75 Additional	
<u> </u>	6. Name and Address of Current Re	egistered Agent		<u> </u>		, 507.104=1.00	
WANG, CUN Y 7205 YARDLEY TAMPA, FL 33607 8. The above named entity submits this statement for the purpose of changing its registered			ad office or register	IN TH	OT WR	CE	
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						DATE	
				.00 May Be led to Fees	~- ~ -	e de la composition	
10.	OFFICERS AND D	IRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD. WANG, CUN Y 7205 YARDLEY TAMPA, FL 83607						
NAME STREET ADDRESS							
CITY-ST TIP.	· · · · · · · · · · · · · · · · · · ·		-				
NAME							
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE		 		IN TH	IS SPA	CE	

12. I hereby certify that the information supplied with this filling 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 amaddress, with all other like empowered.

SIGNATURE:

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR

CUN Y WANG

4-27-04

Daytime Phone #