2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2004 8:00 am DOCUMENT # P01000086765 **Secretary of State** 1. Entity Name 03-31-2004 90045 033 ***150.00 PING CHANG CORPORATION Principal Place of Business Mailing Address 22981 STATE RD 7 BOCA RATON FL 33428 22981 STATE RD 7 BOCA RATON FL 33428 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1143907 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HE, VERONICA Street Address (P.O. Box Number is Not Acceptable) 22981 STATE RD 7 **BOCA RATON FL 33428** Zip Code City 8. The above named entity submits this stapement 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 regist SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE HE, VERONICA NAME NAME 22981 STATE RD 7 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change **Addition** TITE HE, ZHICONG HE. ZHI CONG NAME 22981 STATE RD 7 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT) F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED