


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91033 015 ***150.00

DOCUMENT # P02000003627 1. Entity Name CHEN MING JIE, INC.					
Principal Place of Business 18999 BISCAYNE BLVD SUITE 205 AVENTURA, FL 33180			Mailing Address 18999 BISCAYNE BLVD SUITE 205 AVENTURA, FL 33180		
2. Principal Place of Business 2702 W Atlantic Blvd Suite, Apt. #, etc.		3. Mailing Address 2702 W Atlantic Blvd Suite, Apt. #, etc.			
City & State Pompano Beach, FL Zip 33069 Country		City & State Pompano Beach, FL Zip 33069 Country US		4. FEI Number 80-0023916 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03182004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHEN, MING JIE 18999 BISCAYNE BLVD SUITE 205 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name CHEN, Ming Xin Street Address (P.O. Box Number is Not Acceptable) 2702 W Atlantic Blvd City Pompano Beach FL Zip Code 33069		
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 _____ (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. <input type="checkbox"/> \$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	PSTD CHEN, MING JIE 14700 NE 6TH AVENUE MIAMI, FL 33161 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHEN, Ming Xin 2702 W Atlantic Blvd Pompano Beach, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Ming Xin Chen</u> Ming Xin Chen, President <u>4/29/04</u> <u>(954) 977-8807</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					