2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Sa	cretary of Stat
DOCUMENT # P020000060 1. Entity Name DRAGON VILLAGE EXPRESS, INC.	90			Se	cretary of Stat
Principal Place of Business 5567 W OAKLAND PARK BLVD LAUDERHILL, FL 33313	Mailing Address 5195 NW 74TH PL COCONUT CREEK, FL 33073				- 5 10 1 5 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DO NOT WRITE IN THIS SPAC		CE	01272005 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Reg	ristered Agent				:
YANG, HSU RU 5567 W OAKLAND PARK BLVD LAUDERHILL, FL 33313	-		_	NOT W THIS SP	- -
 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, typed or printed name of registered agent and title if epolicable. (NOTE. Registered Agent signature required when reinstalling) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ad to Fees		
10. OFFICERS AND DIR	ECTORS			= :=================================	
TITLE PD NAME YANG, HSU RU STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33313 TITLE VD NAME YANG, YI HSUN STREET ADDRESS 5567 W OAKLAND PARK BLVD	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		000000 02/16/05-0	231680 20039-021 150.00
CITY-ST-ZIP LAUDERHILL, FL 33313 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	- · · · · · · · · · · · · · · · · · · ·			NOT W	
NAME STREET ADDRESS CITY-ST-ZIP	g and proper case of given a given		117	inio op	MUE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information inclicated 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:

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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 1954)485-0888

Daytime Phone #