


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90054 009 ***150.00

DOCUMENT # P02000007046 1. Entity Name HENG XIAN, INC.																																			
Principal Place of Business 2692 N UNIVERSITY DR SUNRISE, FL 33322		Mailing Address 2692 N UNIVERSITY DR SUNRISE, FL 33322																																	
2. Principal Place of Business - No P.O. Box # 112 SW 12TH STREET		3. Mailing Address 112 SW 12TH STREET																																	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2																																	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL																																	
Zip 33315	Country	Zip 33315	Country																																
4. FEI Number 30-0051795		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CHEN, ZHI J 112 SW 12TH STREET 2 FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
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, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">CHEN, ZHI JIAN</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>112 SW 12TH STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>FT. LAUDERDALE, FL 33315</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	CHEN, ZHI JIAN	<input type="checkbox"/> Delete	NAME		112 SW 12TH STREET		STREET ADDRESS		FT. LAUDERDALE, FL 33315		CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Zhi JIAN, chen ZHI JIAN CHEN 954-165-1080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																			