2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018788

1. Entity Name
CHINESE ACUPUNCTURE AND HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
7952 PINES BLVD.	7952 PINES BLVD.
PEMBROKE PINES, FL 33024	PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0603531	Not Applicable

Fee Required

6. Name and Address of Current Registered Agent

HAN, GUI XIA
7952 PINES BLVD.
PEMBROKE PINES, FL 33024

DO NOT WRITE
IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and Title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HAN, GUI XIA
STREET ADDRESS	7952 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024

U00000265376
03/16/05-80056-005 158.75

TITLE	
NAME	
STREET ADDRESS	
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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: _____   3/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #