


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90464 003 \*\*\*150.00

<b>DOCUMENT # P02000019675</b>	
1. Entity Name <b>CHINA GOURMET GROUP, INCORPORATED</b>	

Principal Place of Business <b>15275 COLLIER BLVD SUITE 209 NAPLES, FL 34119</b>	Mailing Address <b>15275 COLLIER BLVD SUITE 209 NAPLES, FL 34119</b>
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**14017448**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04102004 Chg-P CR2E034 (10/03)

4. FEI Number **01-0621715** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LIANG, BRIAN  
1226 E. COLONIAL DRIVE  
SUITE B  
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name **Wang, Lin Lin**  
Street Address (P.O. Box Number is Not Acceptable) **15275 Collier Blvd**  
**Suite 209**  
City **Naples** FL Zip Code **34119**

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 *Lin Lin Wang* *Wang, Lin Lin* *4-30-04*  
(NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANG, LIN LIN 15275 COLLIER BLVD, #209 NAPLES, FL 34119 <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
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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: *Lin Lin Wang* *Wang, Lin Lin* *4-30-04* *239-352-0441*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)