


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90394 034 ***150.00

DOCUMENT # P02000074423	
1. Entity Name INTERNATIONAL CHINESE INVESTMENT GROUP, INC.	

Principal Place of Business 3270 E 11TH AVE HIALEAH FL 33013	Mailing Address 3270 E 11TH AVE HIALEAH FL 33013
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 56-2281156		<input type="checkbox"/> 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 MUI, WAI C 3251 E 11 AVE HIALEAH FL 33013	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME MUI, WAI CHIU	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3270 E 11 AVE		NAME	
CITY-ST-ZIP HIALEAH FL 33013		STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME TAM, LI SHANG	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3270 E 11 AVE		NAME	
CITY-ST-ZIP HIALEAH FL 33013		STREET ADDRESS	
TITLE COB <input type="checkbox"/> Delete	NAME MUY, FERNANDO C	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3220 E 11 AVE		NAME	
CITY-ST-ZIP HIALEAH FL 33013		STREET ADDRESS	
TITLE T <input type="checkbox"/> Delete	NAME TAM, SHUCK N	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3270 E 11 AVE		NAME	
CITY-ST-ZIP HIALEAH FL 33013		STREET ADDRESS	
TITLE S <input type="checkbox"/> Delete	NAME KWAN, WAN F	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3270 E 11 AVE		NAME	
CITY-ST-ZIP HIALEAH FL 33013		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **3-25-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #