2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P02000080420 1. Entity Name 04-30-2004 90371 022 ***150.00 HONG QING, INC. Mailing Address Principal Place of Business 2554 UNIVERSITY DRIVE 2554-UNIVERSITY-DRIVE CORAL SPRINGS, FL 33065 CORAL-SPRINGS, FL 33065 2. Principal Place of Business Suite, Apt. #, etc. -04222004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State MITAMA 14-1848841 Not Applicable USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JIANG Hons Cans JIANG, HONG QING Street Address (P.O. Box Number is Not Acceptable) 2554 UNIVERSITY DRIVE 575 NW 87 Th JN CORAL SPRINGS, FL 33065 Cotal Springs, Fl33011 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PVST ™**Change ☐ Addition Delete BIANS HOUS QUES TITLE TITLE JIANG, HONG QING NAME NAME 575 NW 81 Th JW Coral springs, FL 33071 STREET ADDRESS STREET ADDRESS 2554 UNIVERSITY ORIVE TINS H372 CORAL SPRINGS, FL 33085 DYA CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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.

FILED

SIGNATURE: