


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000110780 1. Entity Name CHINA BEST OF ORANGE PARK, INC.	
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Principal Place of Business 862 BLANDING BLVD ORANGE PARK, FL 32065	Mailing Address P.O. BOX 16952 JACKSONVILLE, FL 32245-6952
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2185027	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

**QUANG NGUYEN, NGHIA
862 BLANDING BLVD
ORANGE PARK, FL 32065**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000121291 04/20/04-80044-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS QUANG NGUYEN, NGHIA 3793 BLACKTHORN CT ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT TRANG THI DOAN, THUY 3793 BLACKTHORN CT ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____ **4-16-04** **704 860-0465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #