2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P02000115808 1. Entity Name CHINA VAN, INC.								Feb 26, 2004 08:00 AM Secretary of State			
Offiter 17	A14, 1140.										
Principal Place of Business Mailing Address							1				
425 NE 28TH RD. BOCA RATON FL 33431 425 NE 28TH RD. BOCA RATON FL 33431											
2. Principal F	Place of Busin	ness	3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				MOORE CR2E034	(11/03)		
City & State			City	City & State			4.	FEI Number 22-3883130	—	oplied For of Applicable	
Zip	Zip Country				try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Registered			
QUACH, VAN KIEM 425 NE 28TH RD. BOCA RATON FL 33431						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City	z Zıp Code				
The above named entity submits this statement for the purpose of changing its registere						,	red ag	gent, or both, in the State of Florida. I am	-		
the obligations of registered agent.											
SIGNATURE .	Signature, typed	or printed name of registered agen	nt and title if app	licable. (NOTE	Registere	d Agent signature require	d when re	einstating) DATE		<u> </u>	
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.		00 May Be d to Fees	
10. OFFICERS AND I			D DIRECTO	DIRECTORS 11.			ΑĎ	I DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	\$ IN 11	
TITLE NAME	PD QUACH, VAN KIEM			☐ Delete TITLE		į.			☐ Change	Addition	
STREET ADDRESS CITY-SY-ZIP				STRE		ET ADDRESS - ST- ZIP		000000066693 02/26/04-80025-021 150.00			
TITLE	VD UNC VEM			☐ Delete	TITLE			N-1,1,	☐ Change	Addition	
NAME STREET ADDRESS	UNG, XEM 425 NE 28TH RD.			NAME STRE		et address	-		_		
CITY-ST-ZIP	BOCA RATON FL 33431				спу	-ST-ZIP					
TITLE NAME	İ			☐ Delete TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						
TITLE NAME				☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP					-	- ST - ZIP			<u> </u>		
title Name				☐ Delete	TITLE NAME	į			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					
TITLE NAME				☐ Delete	IMLE	i			☐ Change	☐ Addition	
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	,					-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)(f), 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