


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-05-2004 90053 017 ***150.00

DOCUMENT # P03000013366

1. Entity Name
UNIVERSAL WHOLESALE TRADING, INC.



Principal Place of Business
**15669 NW 12 COURT
 PEMBROKE PINES, FL 33028**

Mailing Address
**15669 NW 12 COURT
 PEMBROKE PINES, FL 33028**

2. Principal Place of Business
15840 NW 16 CT

3. Mailing Address
15840 NW 16 CT

Suite, Apt. #, etc.
 City & State
 Zip Country

03162004 Chg-P CR2E034 (10/03)

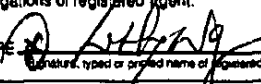
4. FEI Number
51-0444378 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**WONG, LI HONG
 15669 NW 12 COURT
 PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
15840 NW 16 CT
 City **FL** 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  DATE **3-29-04**


(NOTE: Registered Agent signature required when remaining)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WONG, LI HONG 15669 NW 12 COURT PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15840 NW 16 CT
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)(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.

SIGNATURE  DATE **3/29/04** 954438-6368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR