


FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0300001912			
1. Entity Name WEI FENG, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1951 S. McCall Rd.		3. Mailing Address 539 N. Mills Ave.	
Suite, Apt. #, etc. Space #13		Suite, Apt. #, etc.	
City & State Englewood, FL		City & State Orlando, FL	
Zip 34223		Zip 32803	
Country		Country	
4. FEI Number 51-0445677		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Christine Chew			
Street Address (P.O. Box Number is Not Acceptable) 539 N. Mills Ave.			
City Orlando FL Zip Code 32803			
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 X <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
President LU, WEI F. 1951 S. McCall Rd. Space #13 Englewood, FL 34223			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
V. President LU, WEN Q 1951 S. McCall Rd. Space #13 Englewood, FL 34223			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		DO NOT WRITE IN THIS SPACE	
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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)(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 on an attachment with an address, with all other like empowered.			
SIGNATURE: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #			

CR2E034B (12/02)