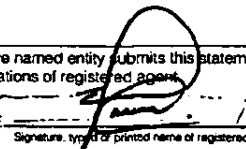
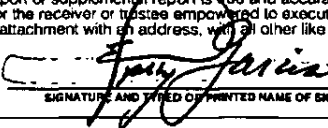


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-15-2004 90078 019 ***150.00

DOCUMENT # P03000021770 1. Entity Name CHANG COMMERCIAL IMPORT & EXPORT, INC.					
Principal Place of Business 1000 S. SEMORAN BLVD. UNIT 612 WINTER PARK, FL 32792			Mailing Address 1000 S. SEMORAN BLVD. UNIT 612 WINTER PARK, FL 32792		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02232004 Chg-P CR2E034 (10/03)			4. EEI Number 27-0045654		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GARCIA, LUCY J 1000 S. SEMORAN BLVD. UNIT 612 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name EMILIO GARCIA FORTUNE Street Address (P.O. Box Number is Not Acceptable) 1000 S. SEMORAN BLVD #612 City WINTER PARK FL Zip Code 32792		
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 03/08/04					
(NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	PVST GARCIA, LUCY J	1000 S. SEMORAN BLVD. #812	WINTER PARK, FL 32792		
	D GARCIA, LUCY J	1000 S. SEMORAN BLVD. #612	WINTER PARK, FL 32792		
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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.					
SIGNATURE:  DATE 03/08/04 (407) 677-9768					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					