


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90219 043 ***150.00

DOCUMENT # P03000043890 1. Entity Name FAN HUA TRADING, INC.					
Principal Place of Business 5326 NW 190 STREET OPA LOCKA, FL 33055			Mailing Address 5326 NW 190 STREET OPA LOCKA, FL 33055		
2. Principal Place of Business 5590 NW 161th Street Suite, Apt. #, etc.			3. Mailing Address 5590 NW 161th Street Suite, Apt. #, etc.		
City & State Hialeah Zip 33014 Country		City & State Hialeah Zip 33014 Country		4. FEI Number 02-0687973 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03302004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHEN, JI WU 5326 NW 190 STREET OPA LOCKA, FL 33055			7. Name and Address of New Registered Agent Name Chen, Ji Wu Street Address (P.O. Box Number is Not Acceptable) 5590 NW 161th Street City Hialeah FL Zip Code 33014		
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 <u><i>Ji Wu Chen</i></u> DATE <u>4/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN, JI WU 5326 NW 190 STREET OPA LOCKA, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CHEN, SONG MEI 5326 NW 190 STREET OPA LOCKA, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 <u><i>Ji Wu Chen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/27/04</u> Daytime Phone # <u>(305) 622-6763</u>		

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