


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90264 029 ***150.00

DOCUMENT # P03000043890		
1. Entity Name FAN HUA TRADING, INC.		

Principal Place of Business 5590 NW 161TH STREET HIALEAH, FL 33014	Mailing Address 5590 NW 161TH STREET HIALEAH, FL 33014
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2. Principal Place of Business 5518 NW 163 rd street	3. Mailing Address 5518 NW 163 rd street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida
Zip 33014	Zip 33014
Country	Country



03032005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0687973	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHEN, JI WU 5590 NW 161TH STREET HIALEAH, FL 33014	
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7. Name and Address of New Registered Agent Name <u>Chen, Song Mei</u> Street Address (P.O. Box Number is Not Acceptable) <u>5518 NW 163rd street</u> City <u>Miami</u> FL Zip Code <u>33014</u>	
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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>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3/3/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN, JI WU 5326 NW 190 STREET OPA LOCKA, FL 33055 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HUANG, FENG YAN 19710 NW 84 PLACE MIAMI, FL 33015 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chen, Song Mei 8337 NW 142 street Miami, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3/3/05</u>	DAYTIME PHONE # <u>(305) 628-1866</u>
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