

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045682

1. Entity Name
REGENT ASSET MANAGEMENT & REALTY CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 AM 8:00

Principal Place of Business
2102 CAMP INDIANHEAD RD
LAND OLAKES, FL 34639

Mailing Address
2102 CAMP INDIANHEAD RD
LAND OLAKES, FL 34639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004

REIN-P

CR2E098 (6/04)

4. FEI Number

571162152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIANG, CHUNYANG
2102 CAMP INDIANHEAD RD
LAND OLAKES, FL 34639

Name

Loretta Lau

Street Address (P.O. Box Number is Not Acceptable)

2102 Camp Indianhead Rd

City

Land Olakes

FL

Zip Code

34639

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/29/04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
JIANG, CHUNYANG
2102 CAMP INDIANHEAD RD
LAND OLAKES, FL 34639

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800042029848
10/20/04--01078--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHORT, WILLIAM
LOT 324 5855 SKY HARBOR DR
CLEARWATER, FL 33759

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
WEI, YANFENG
27147 BIG SUR DR
WESLEY CHAPEL, FL 33543

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YANFENG WEI

10/19/04

Date

813-948-8286

Daytime Phone #