2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000046394** 04-19-2004 90364 047 ***150.00 1. Entity Name HUANG SHEN, INC. Principal Place of Business Mailing Address **T オ ハ ハ オ や ウ オ** 7540 W. HILLSBOROUGH AVENUE 7540 W. HILLSBOROUGH AVENUE TAMPA. FL 33615 TAMPA, FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 CR2E034 (10/03) Cha-F City & State City & State 4. FEI Number Applied For 55-0832700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name-HUANG, SHEN 7540 W. HILLSBOROUGH AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33615 City Zip Code 8. The above named enjity 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. <u>tuna</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE IS FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be τ After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLÉ □ Delete TITLE ☐ Addition NAME HUANG, SHEN NAME 7540 W. HILLSBOROUGH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33615 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNING OFFICER OR DIRECTOR

FILED