

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000046394

1. Entity Name
HUANG SHEN, INC.



Principal Place of Business
7540 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615

Mailing Address
7540 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615

FILED
Apr 06, 2006 08:00 AM
Secretary of State



02122006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0832708	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUANG, SHEN
7540 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUANG, SHEN
STREET ADDRESS	7540 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP	TAMPA, FL 33615

U00000494298
04/20/06-80039-019 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

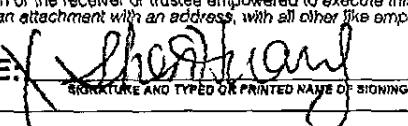
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-2-06

813-889-8417

Date

Daytime Phone #