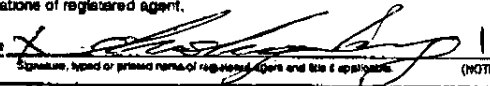
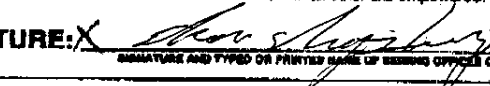


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90732 026 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000070177			
1. Entity Name WHITE SWAN FLORIDA, INC.			
Principal Place of Business 4770 US HWY 90 W LAKE CITY, FL 32055		Mailing Address 539 N MILLS AVE ORLANDO, FL 32803	
2. Principal Place of Business 3816 US HWY 90 W		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE CITY, FL		City & State	
Zip 32055	Country U.S.	Zip	Country
4. FEI Number 20-0056436		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZHENG, SHOU SHENG 4770 US HWY 90 W LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3816 US HWY 90 W City LAKE CITY FL Zip Code 32055	
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  (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	P ZHENG, SHOU SHENG 4770 US HWY 90 W LAKE CITY, FL 32055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3816 US HWY 90 W LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUE, ZHONG-EN 4770 US HWY 90 W LAKE CITY, FL 32055 ☒ 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
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)(b), 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: 		Date Day/Mo/Yr	