2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90051 019 ***150.00

DOCUMENT # P03000075032

1. Entity Name
MIN JIANG, INCORPORATED

Principal Place of Business	Mailing Address
832 NORTH THORNTON AVENUE ORLANDO, FL 32803	832 NORTH THORNTON AVENUE ORLANDO, FL 32803

03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8255 International Dr.		8255 International Dr	
Suite, Apt #, etc. Ste 126		Suite, Apt. #, etc. Ste 126	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819	Country U.S.A	Zip 32819	Country U.S.A

4. FEI Number 20-0076767 ☐ 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
LIANG, BRIAN 832 NORTH THORNTON AVENUE ORLANDO, FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) 8255 International Dr. Ste 126 City Orlando FL Zip Code 32819

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 ⊗ ________ 3/12/04
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, 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	PD HUANG, YU E 8919 HERITAGE BAY CIRCLE ORLANDO, FL 32836	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZHENG, YAN YUN 8255 INT'L DRIVE ORLANDO, FL 32819.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUANG, JIN S 832 N THORNTON AVE ORLANDO, FL 32803	☐ 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)(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] 3/12/04 407-352-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #