


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90673 041 ***150.00

DOCUMENT # P03000082555

1. Entity Name
WORLDWIDE ROYAL ENTERPRISES, INCORPORATED



Principal Place of Business: **1530 OVIEDO MARKETPLACE BLVD, OVIEDO, FL 32765**


Mailing Address: **832 NORTH THORNTON AVENUE, ORLANDO, FL 32803**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



04162004 Chg-P CR2E034 (10/03)

4. FEI Number: **20-0115274**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIANG, BRIAN
832 N. THORNTON AVENUE
ORLANDO, FL 32803

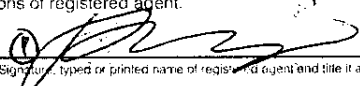
7. Name and Address of New Registered Agent

Name: **CHIN, REGINA**

Street Address (P.O. Box Number is Not Acceptable): **1530 OVIEDO MARKET PLACE, BV #1325**

City: **OVIEDO** State: **FL** Zip Code: **32765**

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:  **CHIN, REGINA** DATE: **4-16-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHIN, REGINA	
STREET ADDRESS	1530 OVIEDO MARKETPLACE BLVD	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZHOU, MIN HUA	
STREET ADDRESS	1530 OVIEDO MARKETPLACE BLVD	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CHIN, REGINA, Pres.** DATE: **4-16-04** DAYTIME PHONE: **407-977-6296**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR