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Apr 21, 2004 8:00 am
Secretary of State
03-23-2004 90004 006 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000084352

1. Entity Name
WENG FANG CORPORATION

20-0124556

03122004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1270 N. WICKHAM ROAD SUITE 48 MELBOURNE, FL 32955	1270 N. WICKHAM ROAD SUITE 48 MELBOURNE, FL 32955

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number [redacted] — Applied For / Not Applicable

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: Weng, Qin Shi
Street Address (P.O. Box Number is Not Acceptable): 1270 N Wickham Rd
Suite 48
City: Melbourne FL Zip Code: 32955

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: Qin Shi Weng — Weng, Qin Shi — 03/17/04
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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WENG, QIN SHI		NAME	
STREET ADDRESS	1270 N. WICKHAM ROAD, #48		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 3235		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FANG, MEIHUA		NAME	
STREET ADDRESS	1270 N. WICKHAM ROAD, #48		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935		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		☐ Delete	TITLE	☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Qin Shi Weng — Weng, Qin Shi — 3/17/04 — 321-259-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #