


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

04-13-2004 90035 011 ***150.00

DOCUMENT # P03000114432			
1. Entity Name ARBOR VITAE HERBAL EXTRACTS, INC.			
Principal Place of Business 101-EL-RECODO LAKELAND, FL 33813		Mailing Address 101-EL-RECODO LAKELAND, FL 33813	
2. Principal Place of Business 2161 E COUNTY RD 540A #114		3. Mailing Address 2161 E COUNTY RD 540A	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #114	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33813-3474	Country USA	Zip 33813-3474	Country USA
4. FEI Number 57-1185344		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENG, PETER 101-EL-RECODO LAKELAND, FL 33813 2161 E COUNTY RD 540A #114 LAKELAND FL 33813-3474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRESIDENT PETER H PENG 2161 E COUNTY RD LAKELAND FL 33813-3794 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: PETER H. PENG		Date: 04/01/2004 (863) 499-0598	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

Arbor Vitae Herbal Extracts, Inc.

P03000114432
2161 E County Road 540A #114
Lakeland, FL 33813

66432984

August 11, 2004

Florida Department of State
Sean Toner, Senior Section Administrator

Dear Mr. Toner:

Please forgive for not having completed Block 4, and also for being so late returning this. Our mail has been slow in reaching us as we have traveled and the forwarding arrangements missed us.

Thank you for your attention.

Sincerely,



Maria Elisa D. Peng
Arbor Vitae Herbal Extracts, Inc.