

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90227 040 ***150.00

DOCUMENT # P04000024139

1. Entity Name
JIANG HE, INC.



Principal Place of Business
**12189 U.S. HIGHWAY 1, SUITE 34
NORTH PALM BEACH, FL 33408**

Mailing Address
**12189 U.S. HIGHWAY 1, SUITE 34
NORTH PALM BEACH, FL 33408**

50020211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0759037

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

**HE, CHAI MING
12189 U.S. HIGHWAY 1, SUITE 34
NORTH PALM BEACH, FL 33408**

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

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, 2005 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
NAME **HE, CHAI MING**
STREET ADDRESS **9610 NW 2ND STREET, APT. 207**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **JIANG, CHANG YU**
STREET ADDRESS **4242 LEO LANE, APT. 2255**
CITY-ST-ZIP **PALM BEACH GARDEN, FL 33410**

TITLE **VPD** ☒ Change ☐ Addition
NAME **JIANG, CHANG YU**
STREET ADDRESS **4242 LEO LANE APT 2255**
CITY-ST-ZIP **PALM BEACH GARDEN, FL 33410**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/15/05 561-689-0897