

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90130 022 \*\*\*150.00

**DOCUMENT # P04000081278**

1. Entity Name  
**HONG TENG TRADING U.S.A, INC.**



Principal Place of Business  
**11626 MARSH ELDER DR  
JACKSONVILLE, FL 32226 US**

Mailing Address  
**11626 MARSH ELDER DR  
JACKSONVILLE, FL 32226 US**

2. Principal Place of Business

**4636 LB MCLEOD DR**

Suite, Apt. #, etc.

3. Mailing Address

**4636 LB MCLEOD DR**

Suite, Apt. #, etc.



04252005

Chg-P

CR2E034 (10/03)

City & State

**ORLANDO, FL**

Zip

**32811**

Country

**US**

City & State

**ORLANDO, FL**

Zip

**32811**

Country

**US**

4. FEI Number

**20-115050**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fec Required

6. Name and Address of Current Registered Agent

**LIN, HONG  
11626 MARSH ELDER DR  
JACKSONVILLE, FL 32226**

7. Name and Address of New Registered Agent

Name **LIN, HONG**

Street Address (P.O. Box Number is Not Acceptable)

**4636 LB MCLEOD DR**

City

**ORLANDO**

FL

Zip Code

**32811**

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]*

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

TITLE **P** ☐ Delete  
NAME **LIN, HONG**  
STREET ADDRESS **11626 MARSH ELDER DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4636 LB MCLEOD DR.**  
CITY-ST-ZIP **ORLANDO, FL 32811**

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-6-05**

Date

**407-892-3915**

Daytime Phone