
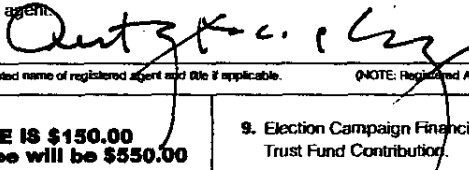
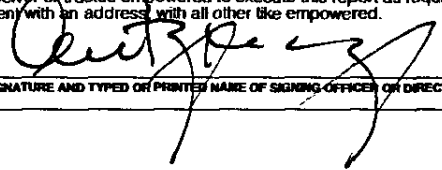


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90281 002 ***150.00

DOCUMENT # P96000093292 1. Entity Name ASIAN CENTURY HERBAL HEALTH, INC.			
Principal Place of Business 152 NE 167 ST #401 MIAMI, FL 33162		Mailing Address 11133 NW 2ND CT CORAL SPRINGS, FL 33071	
2. Principal Place of Business 2400 W. Cypress Creek Suite, Apt. #, etc. #202		3. Mailing Address 2400 W. Cypress Creek Suite, Apt. #, etc. #202	
City & State Fort Lauderdale, Fl. Zip 33309		City & State Fort Lauderdale, Fl. Zip 33309	
Country Broward		Country Broward	
4. FEI Number 65-0842894		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 CHANG, ANTHONY M 152 NE 167 ST SUITE 211 MIAMI, FL 33162		7. Name and Address of New Registered Agent Name Chang, Anthony M. Street Address (P.O. Box Number is Not Acceptable) 2400 W. Cypress Creek, #202 City Fort Lauderdale FL Zip Code 33309	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/23/04	
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	PD CHANG, ANTHONY 11133 NW 2ND CT CORAL SPRING, FL 33071	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/23/04 954-267-9799 <small>Daytime Phone #</small>	