

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 **Mailing Address**
 152 NE 167 ST 11133 NW 2ND CT
 #401 CORAL SPRINGS, FL 33071
 MIAMI, FL 33162



2. Principal Place of Business **3. Mailing Address**
 2400 W. Cypress Creek 2400 W. Cypress Creek
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #202 #202

04262004 Chg-P CR2E034 (10/03)

City & State **City & State**
 Fort Lauderdale, Fl. Fort Lauderdale, Fl.
Zip **Country** **Zip** **Country**
 33309 Broward 33309 Broward

4. FEI Number **Applied For**
 65-0842894 Not Applicable

5. Certificate of Status Desired **\$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 *Anthony M. Chang* **DATE** 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD	<input type="checkbox"/> Delete
NAME CHANG, ANTHONY	
STREET ADDRESS 11133 NW 2ND CT	
CITY-ST-ZIP CORAL SPRING, FL 33071	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony M. Chang* **DATE** 4/23/04 **Daytime Phone #** 954-267-9799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR