2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:\

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P98000022098** 1. Entity Name ZHANG AND SON, INC. Principal Place of Business Mailing Address 979 SW 71 AVE 18999 BISCAYNE BLVD N LAUDERDALE, FL 33068 #205 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0883475 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHANG, GUO H Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD #205 AVENTURA, FL 33180 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ZHANG, ZHI G NAME U00000120115 STREET ADDRESS 979 SW 71 AVE STREET ADDRESS 04/19/04-80121-020 150.00 CATY-ST-ZIP N LAUDERDALE, FL 33068 CITY-ST-ZIP BILE ☐ Delete सारह ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete 1831E TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP ☐ Delete TITE F Change Change Addition NAME MARKE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS 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)(f), 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 appearance with an address, with all other like empowered.

FILED

9/4/000