2005 FOR PROFIT CORPORATION __ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

	AITITOAL I	EPORT		Apr 21, 2003 00.00 F
1. Entity Nar	MENT # P9800005492			Secretary of State
Principal Place of Business Mailing Address 4035 HENDERSON BLVD. 4035 HENDERSON BLVD. TAMPA, FL 33629 US TAMPA, FL 33629 US				! (MACCHEN) (SE CHINE) CHICA CHINA CHI
DO NOT WRITE IN THIS SPACE				01172005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3518518 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAYES, ANALEE M 4035 HENDERSON BLVD. TAMPA, FL 33629 IN THIS SPACE				
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 primited 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 \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	OTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYES, ANALEE M 4035 HENDERSON BLVD. TAMPA, FL 33629			U00000321031 04/21/05-80063-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/11/1/12 00020			04/21/05-80063-013 158./5
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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.				

ANALEE M-MAYES