


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000063044	
1. Entity Name HE SHENG FOOD SERVICES CORPORATION	

Principal Business 7714 UNIVERSITY BLVD WINTER PARK, FL 32792	Mailing Address 7714 UNIVERSITY BLVD WINTER PARK, FL 32792
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2. Principal Business	3. Mailing Address
City	Suite, Apt. #, etc.
State	City & State
Country	Zip
Country	Country

03172004 Chg-P CR2E034 (10/03)

4. FFI Number 59-3521300	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LIU, GUOLIN 7714 UNIVERSITY BLVD WINTER PARK, FL 32792	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the information furnished on this statement is true and accurate and that I am a familiar with, and accept the responsibility for, the information furnished.

Signature of registered agent	Typed or printed name of registered agent and title if applicable	Registered Agent signature required when reinstating	DATE
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FILE NOW!!! FEE IS \$150.00 After March 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. U, TIAN M		U00000093255 03/22/04-80011-007 150.00	
3. 7714 UNIVERSITY BLVD			
4. WINTER PARK, FL 32792			
5. TITLE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 in 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 applicable.

SIGNATURE:

Guolin Liu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

Daytime Phone #