2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

SIGNATURE:

May 05, 2004 8:00 am DOCUMENT # V51409 Secretary of State 1. Entity Name 05-05-2004 90239 002 ***150.00 BEI JING EXPRESS, INC. Principal Place of Business Mailing Address 2301 W OAKLAND PARK OAKLAND PARK FL 33301 2301 W OAKLAND PARK OAKLAND PARK FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0349109 Not Applicable Zip Country Country \$8.75. Additional ... 5. Certificate of Status Desired . 🗆 . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HWANG, CHEN-CHI Street Address (P.O. Box Number is Not Acceptable) 2301 W OAKLAND PARK OAKLAND PARK FL 33301 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 DATE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Change Addition Delete TITLE HWANG, CHEN-CHI NAME NAME STREET ADDRESS 2301 W. OAKLAND PK STREET ADDRESS OAKLAND PARK FL 33311 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE HWANG, NANCY NAME NAME 2301 W. OAKLAND PK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND FL 33311 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME _ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED