

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K46401

**Entity Name:** DR. CHIN'S HERBAL PRODUCTS INC

**Current Principal Place of Business:**

19411 NW 2ND AVE.  
MIAMI, FL 33179

**Current Mailing Address:**

19411 NW 2ND AVE.  
MIAMI, FL 33179 US

**FEI Number:** 65-0087271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICHARD C POLLOCK CPA  
7797 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                  |                 |                   |
|-----------------|------------------|-----------------|-------------------|
| Title           | PTD              | Title           | VP                |
| Name            | CHIN, VINCENT    | Name            | CHIN, MARCIA      |
| Address         | 19411 NW 2ND AVE | Address         | 19411 NW 2ND AVE. |
| City-State-Zip: | MIAMI FL 33169   | City-State-Zip: | MIAMI FL 33179    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VINCENT CHIN

**PRESIDENT**

**04/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date