

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90009 014 ***150.00

DOCUMENT # G89874
 1. Entity Name
CANTON OF KINGS BAY CHINESE RESTAURANT, INC.



Principal Place of Business Mailing Address
14487 S DIXIE HWY **6661 S. DIXIE HIGHWAY**
MIAMI, FL 33176-7924 **MIAMI, FL 33143**

66000934



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2383018 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WIEDER, ED
325 NORTH KROME AVENUE
HOMESTEAD, FL 33030

DO NOT WRITE 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NG, ALLAN 14487 SOUTH DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NG, BETTY 14487 SOUTH DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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.

SIGNATURE: *[Signature]* 1/26/06 305666551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20011487

~~#G89874~~

allegra-D[®] 2/24/06

fexofenadine HCl 60 mg/pseudoephedrine HCl 120 mg
Extended-Release Tablets

Sorry last time I
forgot to enclose the payment

~~Beth~~