

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90033 045 ***150.00

DOCUMENT # H62593

1. Entity Name
ZOM HEE RESTAURANT, INC.



Principal Place of Business
**9015 PARK BLVD.
SEMINOLE, FL 34647**

Mailing Address
**9015 PARK BLVD.
SEMINOLE, FL 34647**

94031706



03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2563028	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent -

**MUI, KWOK MING
11510 48TH AVE. NO.
ST. PETERSBURG, FL 33708**

**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 _____

Signature, typed or printed 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, 2004 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	P MUI, KWOK MING 11510 48TH AVE. NO. ST. PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Kwok Ming Mui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

Daytime Phone #