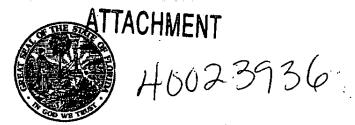
FILED Mar 03, 2006 8:00 am Secretary of State 03-03-2006 90115 019 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000126789 1. Entry Name MEKONG RESTAURANT, INC Principal Place of Business Making Address					40023936			
9350 W HIGHWAY 192 CLERMONT, FL 34711 US		9350 W HIGHWAY 192 CLERMONT, FL 34711 US		1500105011	ı Arm siya ekiş ekin lelli	Kalo galo gan 1417; 1711	1 1877 2 1 1 17 18 18 1	
2. Principal Place of Business		3. Mailing Address					I AINTO LÍTRA BRAILITEON LA P	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122008	Chg-P	CR2E034 (11/0		
City & State		City & State			4. FEI Numb 20-157			Applied For Not Applicable
Zip 	Country	Zip	Country	y 	5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
TRUONG, YENT 8800 SCENIC V ORLANDO, FL	STA COURT		-		(P.O. Box Numb	er is Not Acceptable)		
			-	City		<u> </u>	FI Zip C	ode
8. The above named	entity submits this statemen	of for the purpose of changing	ng kta registered	office or registe	red agent, or bo	th, in the State of Flor		h, and accent
the obligations of a								
Synam	typini or printed harho of registered ac	pers and Mile if applicable	(NOTE Pagements A	- Company and Assessment Assessme	d when remaigraph()		DATE	
	VIII FEE IS \$150.00 1006 Fee will be \$55		impaign Financi Contribution.		.00 May Be sed to Fees			
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11
NAME P	rEN, HUNG M	,≇S0eina	TITLE			× +	Change	Addition
STREET ADDRESS 448 N	ESWICK AVE MONT, FL 33897	3 7	STREET CITY-ST	ADORESS T-ZIP				
TITLE VP		☐ Deleta	шu				☐ Change	Addition
STREET ADDRESS 8800	ING, YENTHAO SCENIC VISTA CT			ADOPLESS				
TITLE ORLA	NDO, FL 32818	Oeleta	CITY-SI	i- <i>B</i> r	·····		☐ Change	☐ Addition
MAME STREET ADDRESS			HAME STREET	ADDRESS				
CITY-SI-DP			ตา-ภ	- ZP				
TITLE NAME		☐ Deiere	TITLE HAME				Change	Addition
STREET ADDRESS CITY - ST - ZIP				ADDRESS -		•		
TITLE		Delete	TITLE				☐ Change	Addition
HAME Street address			NAME STREET	ADDRESS				
CTTY-51-20P	-	<u></u>	CITY-ST					
TITLE NAME STREET ADDRESS		C) Ode2	TITLE MAINE STREET	ADDRESS			Change	Additi on
CITY-ST-ZP			city-st					
	at the information supplied we apport or suppliemental report of the receiver or trustee en attachment with an a dorest	with this filling does not quali it is true and accurate and it inpowered to execute this re- is, with all other like ampowe	ify for the exem- hat my signature port as required tred.	ptions contained e shall have the s i by Chapter 607	in Chapter 119 same legal effec , Florida Statute	. Florida Statutes. I full as if made under oat e; and that my name a	rther certify that the th; that I am an office appears in Block 10	information of or director or Block 11 if



FEORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2006

MEKONG RESTAURANT, INC 9350 W HIGHWAY 192 CLERMONT, FL 34711 US

Subject: MEKONG RESTAURANT, INC

Reference Number:

P04000126789

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh ANNUAL REPORTS SECTION