## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 13, 2008 8:00 am **Secretary of State** DOCUMENT # P07000078926 02-13-2008 90022 010 \*\*\*150.00 ASIAN CUISINE INCORPORATED Principal Place of Business Mailing Address 8920 TAFT STREET 18999 BISCAYNE BLVD PEMBROKE PINES, FL 33024 STE 205 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01252008 City & State Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHU, MICHELLE KUO Street Address (P.O. Box Number is Not Acceptable) 19265 NW 12 COURT PEMBROKE PINES, FL 33029 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CHU, MICHELLE KUO NAME STREET ADDRESS STREET ADDRESS 19265 NW 12 COURT PEMBROKE PINES, FL 33029 CITY-ST-ZIP CITY-ST-ZIP **VPS** ☐ Change Addition ☐ Delete TITLE TEJERO, ROMULO T NAME NAME STREET ADDRESS STREET ADDRESS 1114 NW 183 TERR PEMBROKE PINES, FL 33029 CITY-ST-ZIP CITY-ST-ZIP ☐ Do!ote TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change noitinbA TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE

12. I hereby certify that the information supplied with this filling 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 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.

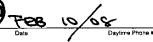
NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED