

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000087919

1. Entity Name
CHINA GRILL MANAGEMENT, INC.



Principal Place of Business
**404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH, FL 33139**

Mailing Address
**404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH, FL 33139**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0460112

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

6. Name and Address of Current Registered Agent

**CHODOROW, JEFFREY
404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH, FL 33139**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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**

**1100000437521
02/28/06-80646-001 450.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CHODOROW, JEFFREY
19925 NE 39TH PL., PH 701
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
POLSENBERG, JACK
4 GARTLEY DR.
NEWTOWN SQUARE, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
FAGGEN, NEIL
1248 GULPH CREEK DR
RADNOR, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06 305 957 0800

Date

Daytime Phone

JACK POLSENBERG, Vice President