

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57460

FILED  
Mar 05, 2004  
Secretary of State

Entity Name: BILL WONG'S RESTAURANTS INTERNATIONAL, INC.

**Current Principal Place of Business:**

5668 INTERNATIONAL DR  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5668 INTERNATIONAL DRIVE  
ORLANDO, FL 32819 US

**New Mailing Address:**

5257 COTE ST ANTOINE ROAD  
MONTREAL, QC H4A1P5 CA

FEI Number: 59-3138440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAMS, MAURICE  
111 N ORANGE AVE  
SUITE 1200  
ORLANDO, FL 32801

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WONG, ERNEST,  
Address: 5257 COTE ST ANTOINE ROAD  
City-St-Zip: MONTREAL QUEBEC CANADA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WONG, ERNEST W PRES  
Address: 5257 COTE ST ANTOINE ROAD  
City-St-Zip: MONTREAL QUEBEC CANADA, QC H4A1P5

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST WONG

D

03/05/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date