

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90015 042 \*\*\*150.00

**DOCUMENT # 388193**

1. Entity Name

NEW FU MANCHU RESTAURANT CORP.



Principal Place of Business

Mailing Address

325-71 ST  
MIAMI BEACH FL 33141-3013

325-71 ST  
MIAMI BEACH FL 33141-3013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1361537**

Applied For  
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

BROOKS, PHILIP A.  
407 LINCOLN ROAD #11B  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **JESUS Li**

Street Address (P.O. Box Number is Not Acceptable)

**325-71 ST.**

City **M. Beach,**

**FL**

Zip Code **33141**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LI, JESUS  
STREET ADDRESS 325 71ST STREET  
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Delete  
NAME YEE, KAN KON  
STREET ADDRESS 325 71ST STREET  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Delete  
NAME LUCY, YEE  
STREET ADDRESS 325 71ST ST  
CITY-ST-ZIP MIAMI EBAHC FL

TITLE T ☐ Delete  
NAME LI, VICTORIA  
STREET ADDRESS 325 71ST ST  
CITY-ST-ZIP MIAMI BEAHC FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JESUS Li**

**3/21/04**

**(305) 8664303**