

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 566437**  
 1. Entity Name  
**GOLDEN HOUSE CHINESE RESTAURANT, INC.**



Principal Place of Business      Mailing Address  
 908 W. SUNRISE BLVD.      908 W. SUNRISE BLVD.  
 FT. LAUDERDALE, FL 33311      FT. LAUDERDALE, FL 33311

**DO NOT WRITE IN THIS SPACE**



02252004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1905233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HO, PUI C.  
 908 N. SUNRISE BLVD.  
 FT. LAUDERDALE, FL 33311

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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, 2004 Fee will be \$550.00**

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

U00000105165  
 04/07/04-80015-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HO, MUI MUI 6420 NW 50 ST CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HO, PUI C 6420 NW 50 ST CORAL SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]      475-04 9546620389  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #