


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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



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

Mailing Address
**908 W. SUNRISE BLVD.
 FT. LAUDERDALE, FL 33311**

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1905233 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 _____ DATE _____
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

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

SIGNATURE: *Mui Mui Ho* 3-27-06 9544620387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #