## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2008 8:00 am Secretary of State

|   | 7 11 11 1 1 1 1  |  |  |  |                      | J                  |                                       |                                 |
|---|--|--|--|--|----------------------|--------------------|---------------------------------------|---------------------------------|
| DOCUMENT # F37595  1. Entity Name SILVER PALACE CHINESE RESTAURANT, INC.  |  |  |  |  | 04-09-2008           | 3 90039 03         | 33 ***150                             | 0.00                            |
| Principal Place   | e of Business  | Mailing Address  | •  | - 300  | 100000               |                    |                                       |                                 |
| Principal Place of Business   |  | -  |  |  |                      |                    |                                       |                                 |
| 5771 SW 137TH AVE   |  | 5771 SW 137TH AVE  |  |  |                      |                    |                                       |                                 |
| MIAMI, FL 33  | 3183   | MIAMI, FL 33183  |  |  | •                    |                    |                                       |                                 |
|   |  |  |  | 11061168 1110                                      | CONTRACTOR SECTION   | III 1101 DIBN BIBN |                                       | (116) (1 116)                   |
| 0.5: : :5   |  | Tar. Martine Andress   |  |  |                      |                    |                                       |                                 |
| Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |  |                      |                    | )                                     |                                 |
|   |  | Contract Name of State of Stat |  |  |                      |                    |                                       |                                 |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 01042008   | Chg-P                | CR2E03             | 34 (12/06)                            |                                 |
|   |  |  |  |  |                      |                    | · · · · · · · · · · · · · · · · · · · |                                 |
| City & State  | e  | City & State   |  | 4. FEI Numbe                                       |                      |                    | <u> </u>                              | plied For                       |
|   |  |  | 1  | 59-2100  | 1085                 |                    | No.                                   | t Applicable                    |
| Zip   | Country  | Zip  | Country  | 5. Certificate of                                  | of Status Desired    |                    | <b>\$8.75</b> Add                     |                                 |
|   |  |  |  | J. Cortinoalo                                      |                      |                    | ee Require                            | d                               |
|   | 6. Name and Address of Current   | Registered Agent   |  | 7. Name and  | Address of New       | Registered A       | gent                                  | •                               |
|   |  |  | Name   |  |                      |                    |                                       |                                 |
|   | E YUEN, JACKY  |  | 0:   | Street Address (P.O. Box Number is Not Acceptable) |                      |                    |                                       |                                 |
| 2172 NW 1   |  |  | Street Addr  | ress (P.O. Box Numbe                               | r is Not Acceptat    | ile)               |                                       |                                 |
| PEMBROK   | (E PINES, FL 33028   |  |  |  |                      |                    |                                       |                                 |
|   |  |  |  |  |                      |                    |                                       |                                 |
|   |  |  | City   |  |                      | FL                 | Zip Code                              | е                               |
|   |  |  | 1  |  |                      |                    |                                       |                                 |
|   | named entity submits this statement for  | or the purpose of changing its   | registered office or reg   | gistered agent, or bot                             | n, in the State of F | Florida. 1 am f    | amiliar with,                         | and accept                      |
| i the obligat   |  |  |  |  |                      |                    |                                       |                                 |
|   | ions of registered agent.  |  |  |  |                      |                    |                                       |                                 |
|   | lons or registered agent.  |  |  |  |                      |                    |                                       |                                 |
| SIGNATURE_  | ,  | rand title if applicable. (NOT   | E: Registered Agent signature re   | required when reinstating)                         |                      | DATE               | ·                                     | <del></del>                     |
|   | ions or registered agent.  Signature, typed or printed name of registered agent  | t and title if applicable. [NOT  | E: Registered Agent signature re   | required when reinstating)                         |                      | DATÉ               |                                       | ···                             |
| SIGNATURE   | Signature, typed or printed name of registered agent   |  |  | . 1  |                      | DATE               |                                       |                                 |
| SIGNATURE_  | Signature, typed or printed name of registered agent   | 9. Election Campa  | ign Financing  | s5.00 May Be Added to Fees                         |                      | DATE               |                                       |                                 |
| SIGNATURE_  | Signature, typed or printed name of registered agent   | 9. Election Campa  | ign Financing  | \$5.00 May Be                                      |                      | DATE               |                                       |                                 |
| SIGNATURE_  | Signature, typed or printed name of registered agent   | 9. Election Campa<br>Trust Fund Con  | ign Financing  | \$5.00 May Be<br>Added to Fees                     | CHANGES TO OF        |                    | DIRECTOR                              | S IN 11                         |
| SIGNATURE_<br>FIL<br>After Ma   | Signature, typed or printed name of registered agent  E NOW!!! FEE IS \$150.00  ay 1, 2008 Fee will be \$550.  | 9. Election Campa Trust Fund Con   | ign Financing<br>tribution.  | \$5.00 May Be<br>Added to Fees                     | CHANGES TO OF        |                    | DIRECTORS                             | S IN 11                         |
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12. Thereby 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.

CITY-ST-ZIP

SIGNATURE: V

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/1-08

(305)382-15/8

Daytime Phone #