## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2004 08:00 AM Secretary of State

ANNUAL REPORT					C C C			
DOCUI	MENT # F96991		نواه من د	Secre	tary of State			
HUNÂN R	RESTAURANT, INC.							
Principal Place 3102 E CERV	ANTES ST	Meiling Address 3102 E CERVANTES ST						
PENSACOLA,	FL 32503	PENSACOLA, FL 32503						
					- ,,,,- , <u></u> ,,			
DO NOT WRITE IN THIS SPACE			CE	01292004 4. FE) Numb	No Chg-P	CR2E034 (10/03)	-Ot	
				59-221 5. Certificate	2344 of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	<u>i                                     </u>	<u>.</u>	<u> </u>	Lee Derignien		
YANG WILLIAM WEI 3102 E CERVANTES ST PENSACOLA, FL 32503					NOT W	<del></del>		
			IN THIS SPACE					
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	red office or register	red agent, or bo	th, in the State of Fid	orida. I am familiar with, and ac	cept	
SIGNATURE Signature typed or printed name of registered agent and tills if applicable (NOTE Registered			og Agent signature require	when reinstating)		DATE	_	
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution.				.00 May Be led to Fees				
16. OFFICERS AND DIRECTORS			-		00000	0032431		
TRILE NAME	P D YANG, WEI WILLIAM				02/05/04	-80003-008 150.0	10	
STREET ADDRESS	3102 E. CERVANTES ST.							
City St ZiP	PENSACOLA, FL STD							
RTLE NAME	YAN, CHEN WEN HSIANG							
STREET ADDRESS	STREET ADDRESS 3102 E CERVANTES ST CITY-ST-2F PENSACOLA, FL							
RRE	FENOAUULA, TE		1					
NAME								
STAL 1 4 DORESS CITY ST ZIP				DO	NOT W	RITE		
TITLE			1	IN '	THIS SE	PACE		
NAME STREET ADDRESS			ı	•••				
CITY ST ZIP								
FIELE	_							
NAME STREET ADDRESS								
CHY ST-ZIP			4					
THEE								
STREET ADDRESS			1					

12. I hereby certify that the information supplied with this filling 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:

CSTY S3 - Z3P

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

6 30 400 ( 856 -4)