2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 24, 2005 08:00 AM **Secretary of State** DOCUMENT # G89874 1. Entity Name CANTON OF KINGS BAY CHINESE RESTAURANT, INC. Principal Place of Business Mailing Address 14487 S DIXIE HWY 6661 S. DIXIE HIGHWAY MIAMI, FL 33143 MIAMI, FL 33176-7924 02212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2383018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WIEDER, ED DO NOT WRITE 325 NORTH KROME AVENUE HOMESTEAD, FL 33030 IN THIS SPACE 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 reinstaling) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NG, ALLAN NAME STREET ADDRESS 14487 SOUTH DIXIE HWY. U00000241303 02/24/05-80039-009 150.00 CITY-ST-ZIP MIAMI, FL TITLE NAME NG, BETTY 14487 SOUTH DIXIE HWY. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 receive for 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR