

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90009 014 ***150.00

DOCUMENT # G89874 1. Entity Name CANTON OF KINGS BAY CHINESE RESTAURANT, INC.	
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Principal Place of Business 14487 S DIXIE HWY MIAMI, FL 33176-7924	Mailing Address 6661 S. DIXIE HIGHWAY MIAMI, FL 33143
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66000934



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2383018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WIEDER, ED 325 NORTH KROME AVENUE HOMESTEAD, FL 33030
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**DO NOT WRITE
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 _____ DATE _____
Signature typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY - ST - ZIP	PD NG, ALLAN 14487 SOUTH DIXIE HWY. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NG, BETTY 14487 SOUTH DIXIE HWY. MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

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:  1/26/06 305666551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

20011487

~~HG~~89874

allegra-D[®] 2/24/06

fexofenadine HCl 60 mg/pseudoephedrine HCl 120 mg
Extended-Release Tablets

Sorry last time I
forgot to enclose the payment

~~Beth~~