

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # H52413

1. Entity Name

LUM'S CHINESE CUISINE II INCORPORATED



Principal Place of Business

**5445 FRUITVILLE RD
SARASOTA FL 34232
US**

Mailing Address

**11764 W SAMPLE RD STE 101
CORAL SPRINGS FL 33065
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E03

4. FEI Number
59-2519099

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUM, SHUN PING
5425 SOUTHERLY WAY
SARASOTA FL 34232**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financial
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P LUM, SHUN PING
5425 SOUTHERLY WAY
SARASOTA FL 34232** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

28 APR 2006