


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 028 ***150.00

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5445 Fruitville Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Sarasota FL
Zip	Zip 34232
Country	Country



04072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LUM, SHUN PING 5425 SOUTHERLY WAY SARASOTA, FL 34232	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUM, SHUN PING 5425 SOUTHERLY WAY SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE: X [Signature] **PROS. 23rd APR 08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #