2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H62593

1. Entity Name
ZOM HEE RESTAURANT, INC.

Principal Place of Business	Mailing Address
9015 PARK BLVD. SEMINOLE, FL 34647	9015 PARK BLVD. SEMINOLE, FL 34647

DO NOT WRITE IN THIS SPACE

03292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2563028	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUI, KWOK MING
11510 48TH AVE. NO.
ST. PETERSBURG, FL 33708

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 _____

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. ☐ **$5.00** May Be Added to Fees

000000876615
04/11/08-80090-020   150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MUI, KWOK MING
STREET ADDRESS	11510 48TH AVE. NO.
CITY-ST-ZIP	ST. PETERSBURG, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Kwok ming Mui_   Kwok Ming Mui president 3/M/8 (727)351-8353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #