


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90022 007 \*\*\*150.00

DOCUMENT # J28532			
1. Entity Name CHOY'S TAKE OUT, INC.			
Principal Place of Business CHINA STAR 4064 FOREST HILL BLVD, SUITE 7 WEST PALM BEACH, FL 33406 US		Mailing Address % CHEUNG YEE WONG 4064 FOREST HILL BLVD, SUITE 7 WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHOY, YAN C. 4064 FOREST HILL BLVD SUITE 7 WEST PALM BEACH, FL 33406		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOY, YAN C. 4064 FOREST HILL BLVD WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>x Yan chey chey</i>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01042008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0069711 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required