2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # K03496

1. Entity Name
CHINA SKY CHINESE FOOD TAKE OUT, INC.

Principal Place of Business
% IONG KIN SIU
5335 NORTH MILITARY TRAIL, SUITE #29
W. PALM BEACH, FL 33407

Mailing Address
% IONG KIN SIU
5335 NORTH MILITARY TRAIL, SUITE #29
W. PALM BEACH, FL 33407

04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0026257
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIU, IONG KIN
5335 NORTH MILITARY TRAIL
SUITE #29
W. PALM BEACH, FL 33407

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SIU, IONG KIN
STREET ADDRESS	10161 ASPEN WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VTD
NAME	SIU, CHAN HEI
STREET ADDRESS	10161 ASPEN WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL
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	

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04/15/05-80075-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Chan Hei Siu 4-12-05 954-462-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #