


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 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
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01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0026257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIU, TONG KIN 10161 ASPEN WAY PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SIU, CHAN HEI 10161 ASPEN WAY PALM BEACH GARDENS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/21/06 80066-013 150.00

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: X Iong Kin Siu Date: 2/6/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #