

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # K04529

1. Entity Name
RICE KING, INC.



Principal Place of Business
**1801 PALM BEACH LAKE BLVD
UNIT 890
WEST PALM BEACH, FL 33401 US**

Mailing Address
**1801 PALM BEACH LAKE BLVD
UNIT 890
WEST PALM BEACH, FL 33401 US**



02082006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0033810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOU, ENG-HO
1801 PALM BEACH LAKE BLVD
UNIT 890
WEST PALM BEACH, FL 33401**

**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 resigning) DATE

**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 | DP CHOU, ENG-HO 446 DATE PALM DR. LAKE PARK, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CHOU, ENG-HO 446 DATE PALM DR. LAKE PARK, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP CHOU, HUANG MEI-CHIN 446 DATE PALM DR. LAKE PARK, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

1100000485452
04/21/06-80008-023 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

FEB 15/06