


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90017 002 \*\*\*150.00

<b>DOCUMENT # K07732</b> 1. Entity Name <b>CHINA FAMILY RESTAURANTS, INC.</b>	
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Principal Place of Business <b>3320 E BAY DRIVE</b> <b>LARGO, FL 33771 US</b>	Mailing Address <b>3320 E BAY DRIVE</b> <b>LARGO, FL 33771 US</b>
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**50052827**



05092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2864788</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HUYNH, CHIEU VINH</b> <b>3320 E BAY DR</b> <b>LARGO, FL 33771</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Chieu V. Huynh* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUYNH, CHIEU VINH 3188 SHORELINE DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUYNH, MICHELLE 3188 SHORELINE DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WONG, DAVID 3869 105 AVE NO CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, WILLIAM 3869 105 AVE NO CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Chieu V. Huynh* *President* *5/12/05* *727-530-4465*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #