



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 007 ***150.00

DOCUMENT # K51691 1. Entity Name IMPERIAL GARDEN RESTAURANT, INC.					
Principal Place of Business 943 10TH ST. E. US HWY 301 PALMETTO, FL 34221 US				Mailing Address 943 10TH ST. E. US HWY 301 PALMETTO, FL 34221 US	
2. Principal Place of Business 1012 59TH ST W		3. Mailing Address 1012 59TH ST W		50019244 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262005 Chg-P CR2E034 (10/03)	
City & State BRADENTON, FL		City & State BRADENTON, FL		4. FEI Number 65-0091336	
Zip 34209		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VO TRUONG, HUNG 21840 HWY 64 E. 1012 59TH ST W BRADENTON, FL 34202- 34209				7. Name and Address of New Registered Agent 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 _____ (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 <input type="checkbox"/> \$5.00 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 VO TRUONG, HUNG 21850 HWY 64 E BRADENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1012 59TH ST W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST EAM UNG, NGAW 21850 HWY 64 E. BRADENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1012 59TH ST W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hung VO TRUONG 2/24/05