

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99426

FILED
Apr 18, 2005
Secretary of State

Entity Name: EMBASSY PEKING, INC.

Current Principal Place of Business:

C/O PHILLIP GOODMAN
4101 PINE TREE DR.
MIAMI BEACH, FL 33140

New Principal Place of Business:

C/O PHILLIP GOODMAN
17515 NE 7TH AVE
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

C/O PHILLIP GOODMAN
17515 NE 7TH AVE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0142785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, PHILLIP
4101 PINE TREE DR.
SUITE 2000
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

GOODMAN, PHILLIP
17515 NE 7TH AVE
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: _____

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODMAN, PHILLIP,
Address: 17515 NE 7 AVE
City-St-Zip: NORTH MIAMI BEACH, FL

Title: V () Delete
Name: GOODMAN, HILDA,
Address: 4541 POST AVE.
City-St-Zip: MIAMI BEACH, FL

Title: ST () Delete
Name: GOODMAN, BARBARA
Address: 17515 NE 7TH AVE
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GOODMAN

ST

04/18/2005

Electronic Signature of Signing Officer or Director

Date