## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2004 08:00 AM Secretary of State

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1. Entity Name

SPRING GARDEN CHINESE RESTAURANT, INC.



Principal Place of Business

9710 W. SAMPLE RD. CORAL SPRINGS, FL 33065 Mailing Address

9710 W. SAMPLE RD. CORAL SPRINGS, FL 33065



02112004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2483133

Applied For Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WONG, SHUI YING 9710 W. SAMPLE RD. CORAL SPRINGS, FL 33065

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

2/11/04

954-152-1850

Daylime Phone #

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	tered office or r	egistered agent, or bot	h, in the State of Florida. I am famil	iar with, and accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Regis	tered Agent signature	required when reinstating)	DATE	, a Ne
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		<del></del>		<del>-</del>
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PDS WONG, SHUI YING 9710 S. SAMPLE RD CORAL SPRINGS, FL 33065					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					000000050430 02/16/04-80010-0	01 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
12. I hereby of indicated of the conchanged,	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the s nd accurate and that my sig to execute this report as re- other like empowered.	exemption state mature shall have quired by Chap	d in Section 119.07(3)(i ve the same legal effec- ter 607, Florida Statutes	), Florida Statutes. I further certify to t as if made under oath; that I am a s; and that my name appears in Blo	nat the information n officer or director ick 10 or Block 11 if