2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M13677 DOCUMENT

1. Entity Name SHING WANG RESTAURANT, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90267 031 ***150.00

				ļ	OF WEIGH					
Principal Place of Business % SHIHYIN KELLY 795 N.W. 120 ST. NORTH MIAMI FL 33168		% SH 795 M	Mailing Address % SHIHYIN KELLY 795 N.W. 120 ST. NORTH MIAMI FL 33168							
2. Principal Place of Business		3. Ma	3. Mailing Address				T KORKOZUK TOT KLODY HILIB OKUK LODUK 1998 ÈLEKK ELDIL OKDÚ	i ciani an		
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. F	4. FEI Number 59-2525227 Applied For Not Applicable			
Zip	Country Zip Co		Counti	ry	5. Certificate of Status Desired		itional			
6. Name and Address of Current Regist		urrent Register	tered Agent			7. N	7. Name and Address of New Registered Agent			
~					Name					
KELLY, Sł	HHYIN		Stroot Address			- (PO B	(P.O. Box Number is Not Acceptable)			
795 N.W.	120 STREET		Street Address			55 (F.O. DI	(r.o. dox number is not Acceptable)			
NORTH MIAMI FL 33168					**					
		,			City	•	FL Z	ip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Financing	\$5.00) May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State				Trust Fund Contribution. Added to Fees			
10.	 	S AND DIRECTO				AD	DITIONS/CHANGES TO OFFICERS AND DIRE	CTORS	IN 11	
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NAME	KELLY, SHIHYIN			NAME)				•	
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLA