## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2006 08:00 AM Secretary of State

1. Entity Nan	MENT #M14784 Edings, Inc.				Secre	iary or	State
404WASHINGTONAVE ATTN:CHINAGRILL		Mailing Address  404WASHINGTONAVE  ATTN:CHINAGRILL  MIAMIBEACH,FL33139					
				01302006 No Chg-P CRZE034 (11/05)			
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe 59-2544			Applied For Not Applicable
		the Company of the State of the		5. Certificate	of Status Desired		5 Additional equired
404 WASI ATTN:CHI	6. Name and Address of Current Reg OW, JEFFREY HINGTON AVE NA GRILL ACH, FL 33139	Istered Agent		<ul> <li>- a manual Fundament</li> </ul>	NOT W		
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 a the obligations of registered agent.  SIGNATURE  Signature, typed or privated name of registered agent and offer is applicable.  (NOTE Registered Agent signature reculted when reinstalling)  FILE NOWILL FEE IS \$150.00  9. Election Campaign Financing After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees							
10.	OFFICERS AND DIR	ECTORS }		· · · · · · · · · · · · · · · · · · ·			· · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHODOROW, JEFFREY 19925 NE 39 PLACE, PH701 AVENTURA, FL 33180					,	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D CHODOROW, LINDA 11925 NE 39 PLACE, PH 301 AVENTURA, FL 33107			The state of the s	A STATE OF THE PARTY OF T		· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	= .
TITLE NAME STREET ADDRESS CHY-ST-ZIP			- v		HIS SP	ACE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·-· ; ·-·····	ers and a marger	بليب . سِنْد	<u> </u>	
TITLE MAME STREET ACTURESS CITY-ST-ZIP			·	See S	100 Marie 100 Ma		
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 tipe repeiver 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.							

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREN CHEDOROW

2-17:06

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