

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M56262

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: KWONG MING CHINA KITCHEN, INC.

**Current Principal Place of Business:**

3001 JOHNSON STREET  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3001 JOHNSON STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-2842224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAM, KWOK MING  
3001 JOHNSON STREET  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TAM, KWOK MING,  
Address: 8778 SW 57TH ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD ( ) Delete  
Name: TAM, CHAN KEI,  
Address: 8778 SW 57TH ST  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TAM, KWOK MING,  
Address: 8778 SW 57TH ST  
City-St-Zip: COOPER CITY, FL 33328 US

Title: STD (X) Change ( ) Addition  
Name: TAM, CHAN KEI,  
Address: 8778 SW 57TH ST  
City-St-Zip: COOPER CITY, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TAM, KWOK MING

PD

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date