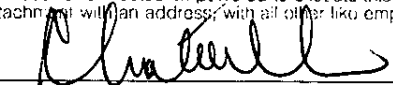


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P00000056752 1. Entity Name ALBERT'S ASIAN BISTRO, INC.					
Principal Place of Business 301 S HOWARD AVE TAMPA FL 33606			Mailing Address 1609 N. TAMPA STREET TAMPA FL 33602		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3653225	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GLUCKMAN, JEREMY E 707 N. FRANKLIN STREET FOURTH FLOOR TAMPA FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ Signature typed or printed name of registered agent and state if not applicable. (NOTE: Registered Agent signature required when removing agent.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD CHOI, TAK CHIN 1609 N. TAMPA STREET TAMPA FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHOI, YUET NGOR 1609 N. TAMPA STREET TAMPA FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD CHOY, CHAN CHOON 1609 N. TAMPA STREET TAMPA FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHOY, WAI CHENG 1609 N. TAMPA STREET TAMPA FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/07)

U000000796826
01/29/08-80049-013 ☐ **\$5.00** May Be Added to Fees

1/22/08 (813) 228-8110