


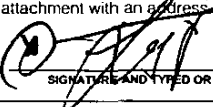


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90005 035 ***150.00

DOCUMENT # P00000080376 1. Entity Name SATISFIED RESTAURANT, INC.																																												
Principal Place of Business 1535 NW 159 AVE PEMBROKE PINES, FL 33028			Mailing Address 1535 NW 159 AVE PEMBROKE PINES, FL 33028																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01182006 Chg-P CR2E034 (11/05)																																								
City & State		City & State																																										
Zip	Country	Zip	Country																																									
4. FEI Number 65-1037685		Applied For <input type="checkbox"/> Not Applicable																																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 01182006 Chg-P CR2E034 (11/05)																																								
6. Name and Address of Current Registered Agent TONG, LI CHING 1535 NW 159 AVE HOLLYWOOD, FL 33028																																												
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D TONG, LI CHING 1535 NW 159 AVE PEMBROKE PINES, FL 33028</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE	D TONG, LI CHING 1535 NW 159 AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. I hereby certify that the information supplied with this filing 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 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.			
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