2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # P0000082481 1. Entity Name WAH LAN RESTAURANT, INC. Principal Place of Business Mailing Address				Secretary of State
531 S. MAIN ST. 531 S. MAIN ST.				
BELLE GLADE, FL 33430 BELLE GLADE, FL 33430			· ·	
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				03312005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			Œ	4. FEI Number Applied For
4		entra de la compansión de La compansión de la compa		65-1035515 Not Applicable
				5. Certificate of Status Desired S8.75 Additional
		-1-1		Fee Required
6. Name and Address of Current Registered Agent				
CHEN, GU			•	DO NOT WRITE
531 S. MAIN ST. BELLE GLADE, FL 33430			•	· ' '
	, 1, 2, 1, 2, 00, 100	į		IN THIS SPACE
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 Sgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sgnature required when renstating) DATE				
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees
10.	OFFICERS AND DI	RECTORS		· · · · · · · · · · · · · · · · · · ·
TITLE NAME	PD GUO KIENG, CHEN			
STREET ADDRESS	531 S. MAIN ST.	· · · ·		1 5 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10
CITY-ST-ZIP	BELLE GLADE, FL 33430		entre de la companya	96/18/05-80095-009 150.00
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	Legify that the information supplied with the	is filling does not qualify for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes, I further certify that the information
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.				