FILED Apr 23, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

U	NIFORM BUSINE		04-23-2003 9017	5 035 ***1	50.00				
	MENT # P000001090	084)4-23-2003 901 <i>(</i>	3 033 1	30.00		
1. Entity Nar GOLD S	TAR RESTAURANT, INC. OF	PALM BAY							
4711 BABCO	ce of Business ICK ST #29 Y, FL 32905	Mailing Address 2210 STEWART RD MELBOURNE, FL 32935			11009816				
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2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59	4. FEI Number 59-3684397			Applied For Not Applicable	
Zip Country		Zip	Country	5. Certificate of St			75 Additional Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registers				
CHEUNG, MIKE MOW CHI								1	
2210 STEW			Street Address	Street Address (P.O. Box Number is Not Acceptable)				1	
\$									
<u></u>			City		F	L Zip Cod	ie		
	e named entity submits this statement for tions of registered agent.	r the purpose of changing It	s registered office or regist	ered agent, or both, in	the State of Florida. I a	am familiar with,	and accept		
SIGNATURE	CHEUNG MIKE	Mod CH and title if applicable. (NO)	E: Registered Agentsignature requi	ect when reinstating)	CAT	E			
FILE NOW III FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State							0 May Be d to Fees		
10.	OFFICERS AND		11,	ADDITIONS/CHA	NGES TO OFFICERS A			1_	
TITLE NAME STREET ADDRESS CITY-ST-ZP	CHEUNG, MIKE MOW CHI 2210 STEWART RD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition .	3R2E034 (10/02)	
TITLE NAME STHEET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	<u> </u>		☐ Change	Addition	CRZE	
1171.8		☐ Delete	TOLE			Change	Continua Continua	1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-2IP						
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TITLE NAME STREET ADDRESS	,	☐ Delete	. TITLE NAME STREET ADDRESS			☐ Change	Addition	 	
CITY-ST-2P	1	N - 400-	CITY-ST-ZIP	N 222222	71 - TT - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13]	
indicated	certify that the information supplied with ion this report or supplemental report is poration or the receiver or trustee emporation.	true and accurate and that i	my signature shall have the	same legal effect as if	made under oath; that	t I am an officer	or director		