


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90054 001 ***150.00

DOCUMENT # P01000016354 1. Entity Name HWA SHIA CHINESE RESTAURANT, INC.																																			
Principal Place of Business 219 US HWY. 27 SOUTH DUNDEE, FL 33838		Mailing Address 219 US HWY. 27 SOUTH DUNDEE, FL 33838																																	
2. Principal Place of Business - No P.O. Box # 28075 US Hwy 27 Suite, Apt. #, etc.		3. Mailing Address 28075 US Hwy 27 Suite, Apt. #, etc.																																	
City & State Dundee, FL Zip 33838 Country		City & State Dundee, FL Zip 33838 Country																																	
4. FEI Number 59-3696673		Applied For <input checked="" type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01072008 Chg-P CR2E034 (12/06)																																	
6. Name and Address of Current Registered Agent LIN, SHANG Y 219 US HWY 27 SOUTH DUNDEE, FL 33838		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 28075 US Hwy 27 City Dundee FL Zip Code 33838																																	
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 <u>X</u> 1/07/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD LIN, SHANG Y 219 US HWY, 27 SOUTH DUNDEE, FL 33838 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIN, SHANG Y 219 US HWY, 27 SOUTH DUNDEE, FL 33838 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28075 US Hwy 27 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28075 US Hwy 27														
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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.																																			
SIGNATURE: X LIN SHANG YAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/07/08 <small>Date Daytime Phone #</small>																																	