02/21/2008 18:34 9544313571 KENNETH CHA

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90017 022 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000082511

1. Entity Name
CHINESE PAVILION, INC.

02212008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
12210 BISCAYNE BOULEVARD MIAMI, FL 33181	12210 BISCAYNE BOULEVARD MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1152776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KENNETH, CHANG
9700 STIRLING ROAD
109
COOPER CITY, FL 33024

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 ______ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CHANG, ALFONSO STREET ADDRESS 12210 BISCAYNE BOULEVARD CITY-ST-ZIP MIAMI, FL 33181	☒ Delete	TITLE P NAME CHANG, ANTONIETA STREET ADDRESS 12210 BISCAYNE BOULEVARD CITY-ST-ZIP MIAMI, FL 33181	☒ Change ☐ Addition
TITLE S NAME ANTONIETA, CHANG STREET ADDRESS 12210 BISCAYNE BOULEVARD CITY-ST-ZIP MIAMI, FL 33181	☒ Delete	TITLE S NAME MARTINEZ, MABEL STREET ADDRESS 12210 BISCAYNE BOULEVARD CITY-ST-ZIP MIAMI, FL 33181	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Antonieta Chang 2-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #