

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90018 019 \*\*\*150.00

**DOCUMENT # P01000095612**

1. Entity Name  
NEW GENERATION INVESTMENTS, INCORPORATED



Principal Place of Business

1526 LARKS NEST CT  
ORLANDO, FL 32654

Mailing Address

TASTY WOK CHINESE RESTAURANT  
3050 ALAFAYA TRAIL SUITE 1008  
OVIEDO, FL 32765

**50056932**

2. Principal Place of Business

12178 LAKE UNDERHILL RD

3. Mailing Address

12178 LAKE UNDERHILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182005

Chg-P

CR2E034 (10/03)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3746573

Applied For

Not Applicable

Zip

32825

Country

Zip

32825

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIU, YUN LIAN  
1638 NESTLEWOOD TRAIL  
ORLANDO, FL 32837

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LIU, YUN LIAN ☐ Delete  
STREET ADDRESS 1638 NESTLEWOOD TRAIL  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VD  
NAME KAM, TON LAM ☐ Delete  
STREET ADDRESS 1638 NESTLEWOOD TRAIL  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: (Y)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2005

Date

407-384-0068

Daytime Phone #