

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000116474	
1. Entity Name CHANG HONG RESTAURANT, INCORPORATED	

Principal Place of Business 1556 HARRISON STREET TITUSVILLE, FL 32780	Mailing Address 1556 HARRISON STREET TITUSVILLE, FL 32780
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2. Principal Place of Business	3. Mailing Address
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4. Telephone #, etc.	5. Suite, Apt #, etc.
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6. City & State	7. City & State
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8. Country	9. Zip	10. Country
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03172004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3759701	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LIANG, BRIAN 1226 E COLONIAL DRIVE SUITE B ORLANDO, FL 32803	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(b), Florida Statutes. I further certify that the information 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 applicable.
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Signature typed or printed name of registered agent and file if applicable	(NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
PD WANG, ZU LAI 1556 HARRISON STREET TITUSVILLE, FL 32780		U000000095575 03/24/04-80037-022 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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SIGNATURE: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		