

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90771 040 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000034186**

1. Entity Name  
**CHINA KITCHEN, INC.**



Principal Place of Business  
935 N BENEVA RD, STE 905  
SARASOTA, FL 34232

Mailing Address  
935 N BENEVA RD, STE 905  
SARASOTA, FL 34232

2. Principal Place of Business  
**935 N BENEVA RD**  
Suite, Apt. #, etc.  
**SUITE 905**  
City & State  
**SARASOTA FL**  
Zip  
**34232** Country  
**SARASOTA**

3. Mailing Address  
**136 BOWERY**  
Suite, Apt. #, etc.  
**SUITE 203**  
City & State  
**NEW YORK NY**  
Zip  
**10013** Country  
**NEW YORK**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**01-0638282** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZHUO, JIANG MING**  
935 N BENEVA RD, STE 905  
SARASOTA, FL 34232

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 **JIANG MING ZHUO / PRES.**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when maintaining)

**4/20/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES. / JIANG MING ZHUO** ☐ Delete  
**935 N BENEVA RD STE 905**  
**SARASOTA, FL 34232**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JIANG MING ZHUO / PRES.**

**4/20/03**  
Date

**941-953-6885**  
Daytime Phone #

CR2E034 (10/02)