2907 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000064561

1. Entity Name

NEW STYLE RESTAURANT INC.



Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1475 PALM COAST PKWY #106 PALM COAST, FL 32137

1475 PALM COAST PKWY #106 PALM COAST, FL 32137



	88118 #1811 BB##		8)(f) 0(60) 0))(0		
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DO NOT WRITE IN THIS SPACE

Applied For 4. FE! Number Not Applicable 01-0720878

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

FILED

6. Name and Address of Current Registered Agent

LIU, JIN QIU-1475 PALM COAST PKWY #106 PALM COAST, FL 32137

SIGNATURE:

DO NOT WRITE

					IN	THIS SPACE
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing	ng its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if explicable.	(NOTE, Registered	Agent signatura	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Ca Trust Fund	rnpaign Finand Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIU, JIN QIU 1475 PALM COAST PKWY #106 PALM COAST, FL 32137					U00000741753 05/15/07-80039-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						05/15/07-80039-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the conchanged,	certify that the information supplied with this fill on this report or supplemental report is true a portation or the receiver or trustee empowered or on an attachment with an address with all	ling does not qual to accurate and to to execute this re wher like empower	ify for the exer hat my signatu port as require ered.	mptions con ure shall haved by Chapt	itained in Chapter 119 te the same legal effecter 607, Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as: and that my name appears in Block 10 or Block 11 if

with a lether like empowered.

SIGNATURE AND TYPE FOR ARIDED NAME OF SIGNING OFFICER OR DIRECTOR