## 2006 FOR PROFIT CORPORATION

## **FILED** $\mathbf{A}$

ANNUAL REPORT			May 05, 2006 08:00	
1. Entity Name	MENT # P02000064			Secretary of Stat
CHINESE	KITCHEN INC OF FORT N	MYERS		
Principal Place		Mailing Address 4901 PALM BEACH BLVD.,		
#4 FORT MYERS, I	FL 33905	#4 FORT MYERS, FL 33905		
		•		05012006 No Chg-P CR2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For O4-3681919 Not Applied For
				5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	
WANG, JIAN GANG 4901PALM BEACH BLVD #4				DO NOT WRITE
FORT MYERS, FL 33905				IN THIS SPACE
	named entity submits this statement forms of registered agent.	or the purpose of changing its register	red office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accep-
SIGNATURE	ignsture, typed or printed name of registered agent	and title if applicable. (NOTE: Register	red Agent signature require	od witen renotating) DATE
	NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution		5.00 May Be ded to Fees
10.	OFFICERS AND	DIRECTORS		· · ·
1	PD WANG, JIAN GANG			
1 )	4901 PALM BEACH BLVD., #4			
ļ- <del></del>	FORT MYERS, FL 33905-			
NAME				Innonnecatas
STREET ADDRESS				05/19/06-80063-021 150.00
C/TY-ST-ZIP			4	
TITLE NAME				
STREET ADDRESS				DO NOT WRITE
City-ST-ZIP			<b>_</b>	· · · · · · · · · · · · · · · · · · ·
NAME				IN THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP			1	And the second second
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE			I	

12. Thereby 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 507, 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: JAN GARL WARE OF SIGNING OFFICER OR DIRECTOR DAIL WARE & JU-OF DAYS PRICE & DAILO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR