

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                |                                                                                                                           |                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000081296</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                |                                                                                                                           |                                                               |  |
| 1. Entity Name<br><b>MR. JALAPENO OF CORAL SQUARE MALL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                |                                                                                                                           |                                                                                                                                                |  |
| Principal Place of Business<br><b>4104 AURORA STREET<br/>CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                | Mailing Address<br><b>4104 AURORA STREET<br/>CORAL GABLES, FL 33146</b>                                                   |                                                                                                                                                |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                | 3. Mailing Address                                                                                                        |                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                | Suite, Apt. #, etc.                                                                                                       |                                                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                | City & State                                                                                                              |                                                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                    | Zip            | Country                                                                                                                   | 03232006 Chg-P CR2E034 (11/05)<br>4. FEI Number <b>77-0595791</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                |                                                                                                                           | <b>\$8.75 Additional Fee Required</b>                                                                                                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                |                                                                                                                           | 7. Name and Address of New Registered Agent                                                                                                    |  |
| <b>YEUNG, HING YU</b><br><b>4104 AURORA STREET</b><br><b>CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                |                                                                                                                           | Name                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                |                                                                                                                           | Street Address (P.O. Box Number is Not Acceptable)                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                |                                                                                                                           | City                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                |                                                                                                                           | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                |                                                                                                                           |                                                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       |                                                                                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                     |                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>D</b> <input type="checkbox"/> Delete   | TITLE          | <b>000000528110</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>05/05/06-80021-025 150.00</b> |                                                                                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>YEUNG, HOI SANG</b>                     | NAME           |                                                                                                                           |                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4104 AURORA STREET</b>                  | STREET ADDRESS |                                                                                                                           |                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>CORAL GABLES, FL 33146</b>              | CITY-ST-ZIP    |                                                                                                                           |                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>SEC</b> <input type="checkbox"/> Delete | TITLE          |                                                                                                                           |                                                                                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>YEUNG, HING YU</b>                      | NAME           |                                                                                                                           |                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4104 AURORA STREET</b>                  | STREET ADDRESS |                                                                                                                           |                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>CORAL GABLES, FL 33146</b>              | CITY-ST-ZIP    |                                                                                                                           |                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            | TITLE          |                                                                                                                           |                                                                                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | NAME           |                                                                                                                           |                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | STREET ADDRESS |                                                                                                                           |                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | CITY-ST-ZIP    |                                                                                                                           |                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            | TITLE          |                                                                                                                           |                                                                                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | NAME           |                                                                                                                           |                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | STREET ADDRESS |                                                                                                                           |                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | CITY-ST-ZIP    |                                                                                                                           |                                                                                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            | TITLE          |                                                                                                                           |                                                                                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | NAME           |                                                                                                                           |                                                                                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | STREET ADDRESS |                                                                                                                           |                                                                                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | CITY-ST-ZIP    |                                                                                                                           |                                                                                                                                                |  |
| 12. I hereby 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 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: <u>Hoi Sang Yeung</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                | <b>4/20/06</b><br>DATE                                                                                                    |                                                                                                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                | Overtime Phone #                                                                                                          |                                                                                                                                                |  |