## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000082919**

1. Entity Name

CHOP STIX AT SANTA ROSA, INC.

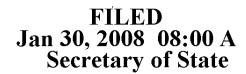
Principal Place of Business 4942 HIGHWAY 98 W.

SUITE 7 SANTA ROSA, FL 32459 Mailing Address

4942 HIGHWAY 98 W.

SUITE 7

SANTA ROSA, FL 32459





01222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 16-1620416 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAU, AGNES ESQ 1801 E. COLONIAL DRIVE SUITE 168 ORLANDO, FL 32803

## DO NOT WRITE

	named entity submits this statement for the pu ions of registered agent.	rpose of changing its register	ed office or	registered agent, or bo	th, in the State of Florida. I am familiar v	with, and accept
SIGNATURE		4,075			DATE	<del></del>
Signature, typed or printed name of registered agent and hite if applicable. (NOTE: Registered			id Agent signatul	Agent signature required when reinstating) DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>	ncing	\$5.00 May Be Added to Fees	U00000804488 02/05/08-80069-025	150.00
10.	OFFICERS AND DIREC	TORS	φ 4° 0 ⅓.	7.1.3. (建新物的)	推电影等在水影影响( 2mm 12mm)	APPE I
TITLE NAME	PD LIN, QIN					
STREET ADDRESS CITY-ST-ZIP	4942 HIGHWAY 98 W., SUITE 7 SANTA ROSA BEACH, FL 32459		£.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i ji	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME						

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 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** 

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27 2008

Daytime Phone #