#### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000091059

Entity Name
 HONG KONG KEY WEST RESTAURANT, INC.



Principal Place of Business

2804 N ROOSEVELT BLVD KEY WEST, FL 33040 Mailing Address

2804 N ROOSEVELT BLVD KEY WEST, FL 33040

## FILED Feb 16, 2006 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

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02082006	No Chg-P	CR2E034 (11/05)	

4. FEI Number Applied For 22-3866519 Not Applicable

 $\Box$ 

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

TONG, SIO S 2804 N ROOSEVELT BLVD KEY WEST, FL 33040

# DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registers	ed office or r	egistered <del>agent, or bo</del>	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and title t	rapplicable. (NOTE, Registered	i Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONG, SIO S 2804 N ROOSEVELT BLVD KEY WEST, FL 33040				U00000437051
TITLE NAME STREET ADDRESS GITY-ST-ZIP					U00000437051 02/28/06-80017-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN T	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 path; 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 STONING OFFICER OR DIRECTOR

778 13 206 705-296-9608