

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P02000094726
 1. Entity Name
 NEW KING'S FOOD SERVICES, INC.



FILED

04 NOV -9 PM 4: 05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 1503 TURKEY GREEK RD, PLANT CITY, FL 33567
 Mailing Address: 1503 TURKEY GREEK RD, PLANT CITY, FL 33567

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

11032004 Chg-P CR2E034 (10/03)
 4. FEI Number: 75-3079609 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 CHAU, CHEUNG BUN
 1503 TURKEY GREEK RD
 PLANT CITY, FL 33567

7. Name and Address of New Registered Agent
 Name: LIN, QIN
 Street Address (P.O. Box Number is Not Acceptable): 1503 Turkey Greek Road
 City: Plant City, FL Zip Code: 33567

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: *Qin Lin* QIN LIN DATE: 11/4/04

Amended AR is \$61.25
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS NAME: CHAU, CHEUNG BUN STREET ADDRESS: 1503 TURKEY GREEK RD CITY-ST-ZIP: PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete	TITLE: PS NAME: LIN, Qin STREET ADDRESS: 1503 Turkey Greek Road CITY-ST-ZIP: Plant City, FL 33567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 600042609276 CITY-ST-ZIP: 11/09/04--01087--002 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Qin Lin* QIN Lin, President DATE: 11/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #