2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000123569

1. Entity Name

NEW HONG KONG RESTAURANT, INC.



FILED Jan 25, 2008 08:00 A Secretary of State

Principal Place of Business

1045 EAST JOHN SIMS PARKWAY NICEVILLE, FL 32578

Mailing Address

1045 EAST JOHN SIMS PARKWAY NICEVILLE, FL 32578



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01222008 No Chg-P

Applied For 4. FEI Number 54-2095248 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WANGG, SHENG WANG 1045 EAST JOHN SIMS PARKWAY NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	I				
NAME STREET ADDRESS CITY-ST-ZIP	P SHENG, WANG KONG 1045 EAST JOHN SIMS PARKWAY NICEVILLE, FL 32578			U00000798207			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/30/08-80019-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			DO NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP				. 45.45			

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.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #