2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 09, 2005 8:00 am Secretary of State

09-09-2005 90035 044 ***150 00

DOCUMENT # P03000045431 1. Entity Name LAM'S GARDEN CHINESE RESTAURANT CORPORATION							09-09-2005	90035 044 ***15	50.00
Principal Place of Business 1635 SOUTH TAMIAMI TRAIL SUITE B SARASOTA, FL 34236			Mailing Address 832 NORTH THORNTON AVENUE ORLANDO, FL 32803						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			07082005	Chg-P	CR2E034 (10/03)	
City & State		(City & State		4. FEI Numbe 16-1662			pplied For ot Applicable	
Zip			Zip .	Coun	try	5. Certificate of Status Desired		S8.75 Additional Fee Required	
:	GName and Address of Curro	nt.Regist	ered Agent	:	Name	7Name.and.	Address.of.New.R	egistered Agent	
LIN, HUI JIAD 1635 S TAMIAMI TRAIL #B SARASOTA, FL. 34236					Street Address (P.O. Box Number is Not Acceptable)				
					City FL Zip Code			de	
8. The above the obligati	named entity submits this statement ions of registered agent.	for the p	urpose of changing its r	egister	ed office or registe	pred agent, or both	n, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered age	ent and bije ii	apolicable. (NOTE:	Registere	d Agent signature require	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing \$5. Trust Fund Contribution.						5.00 May Be ded to Fees	In accordance v	with s. 607.193(2)(b), not receive the prior	, F.S., the notice.
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIN, HUI JIAO 1635 S. TAMIAMI TRAIL, #B SARASOTA, FL 34236	, 2.00	☐ Defete		l l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-	I	- W		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		i			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w	CALL ABO 7	☐ Delete	CITY	E ET ADDRESS - ST-ZIP			☐ Change	Addition

THE STORY

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: (1)

) L2N_HUS_J2Q0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(917)254-5550