## 2004 FOR PROFIT CORPORATION

## Feb 25, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P03000046470 02-25-2004 90042 032 \*\*\*150.00 TASTY CHINA RESTAURANT, INCORPORATED Principal Place of Business Mailing Address 8782 FT. JEFFERSON BLVD 8782 FT. JEFFERSON BLVD ORLANDO, FL 32822 ORLANDO, FL 32822 2. Principal Place of Business 3. Mailing Address 10236 Curr Stilte, Apt. #, etc. "Suite, Apt. #. etc. 02102004 CR2E034 (10/03) #/00 Applied For 4. FEI Number City & State City & State -0461624 rlando Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name HUANG, LI CHUN 8782 FT. JEFFERSON BLVD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32822 Zip Code FI 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Benistered Agent signature (soquired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Delete TITLE Change Addition TITLE HUANG, LI CHUN NAME NAME 8782 FT. JEFFERSON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP VΡ Defete TITLE ☐ Change ☐ Addition TITLE HUANG, GUO XUN NAME NAME STREET ADDRESS 8782 FT. JEFFERSON BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP VP Tsang, Chun Hung 1922, Park Villa Cir TITLE ☐ Delete TITLE Change X Addition TSANG, CHUN HUNG NAME STREET ADDRESS STREET ADDRESS 8782 FT. JEFFERSON BLVD CITY-ST-ZIP ORLANDO, FL 32822 CITY ST-ZIP ☐ Addition TITLE ☐ Delete TITLE \_\_\_ Change Huang, Jiu ting 8782 Fort Jefferson BIVD Orlande, FL 32822 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP: CHY-ST-7IP ☐ Delcte TITLE Change ■ Addition TITLE Tsang, Chun HO 922, Park Villa Cir NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change

12. Thereby certify that the information supplied with this filling 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 logal 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 attachme with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURES

NAME

\*STREET ADDRESS

CITY-ST-ZIP

FILED