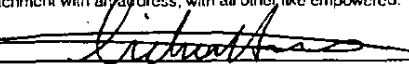


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

03-18-2004 90030 038 ***61.25
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DOCUMENT # P03000046470					
1. Entity Name TASTY CHINA RESTAURANT, INCORPORATED					
Principal Place of Business 10236 CURRY FORD RD. #100 ORLANDO, FL 32825			Mailing Address 8782 FT. JEFFERSON BLVD ORLANDO, FL 32822		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0461624	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUANG, LI CHUN 8782 FT. JEFFERSON BLVD ORLANDO, FL 32822			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	PD HUANG, LI CHUN 8782 FT. JEFFERSON BLVD ORLANDO, FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Jin Ying Huang 8782 Fort Jefferson Blvd Orlando, FL 32822	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUANG, GUO XUN 8782 FT. JEFFERSON BLVD ORLANDO, FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Secretary) Chun Ho Tsang 922 Park Villa Cir Orlando, FL 32824	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TSANG, CHUN HUNG 922 PARK VILLA CR. ORLANDO, FL 32824	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: 			3/12/2004 407-380-8801		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		