

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90002 017 \*\*\*150.00

**DOCUMENT # P03000084344**

1. Entity Name  
**GOLDEN BOWL CHINESE RESTAURANT,  
INCORPORATED**



Principal Place of Business  
**3447 LITHIA PINECREST ROAD  
SUITE B  
VALRICO, FL 33594**

Mailing Address  
**3447 LITHIA PINECREST ROAD  
SUITE B  
VALRICO, FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City

City & State

Zip

Country

Zip

Country

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0124576**

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

**LIANG, BRIAN  
832 N. THORNTON AVENUE  
ORLANDO, FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The undersigned certifies that this statement is submitted 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 consequences of this registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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-STATE-ZIP  
**PD  
CHEN, MIN QIANG  
3447 LITHIA PINECREST ROAD, #B  
VALRICO, FL 33594**

☐ Delete

TITLE  
NAME  
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CITY-STATE-ZIP  
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☐ 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 included in 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; that I am 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 the corporation or attachment with an address, with all other like empowered.

SIGNATURE:

**Min Qiang Chen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-04 (813) 6573898**

Date

Daytime Phone #