2004 FOR PROFIT CORPORATION

FILED Mar 19, 2004 8:00 am Secretary of State

ANNUAL REPORT							•		
DOCUMENT # P03000152070 1. Entity Name CHINA KITCHEN JM, INC.						02-24-20	04 90015 018 '	***150.00	
Principal Place 268 3RD ST : ST PETERSBU		Mailing Address 268 3RD ST S ST PETERSBURG, FL 33701		66406974					
					1 10 25 1226 131	faiga imel anuli aaral aalal	Kari kair man besik mera b	STINNI EF HONI	
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072004	Chg-P	CR2E034 (10/03)	1	
City & State		City & State			4. FEI Numbe	20-04		pplied For ot Applicable	
Zip	Country Zip		Cour	5. Certificate of Status Desir			Fee Required		
	5. Name, and Address of Current.	Registered Agent	Name	=7.≈Name and	Address.of.New-Re	glatered Agent			
CHEN, MING JIE 334 OAK PARK PL CASSEL REPRY EL 20707					P.O. Box Number	er is Not Acceptable)			
CASSELBERRY, FL 32707				. **					
				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 1. 20 04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
FILE NOWII: FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11	
TITLE NAME	P CHEN, MING JIE	☐ Delete	TITL.	- 1			Change	☐ Addition	
STREET ADDRESS	334 OAK PARK PL		NAM Str	EET ADORESS					
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY	'-ST-ZIP					
TITLE NAME	V CHEN, QIN	☐ Delete	TITL RAN	•			☐ Change	☐ Addition	
STREET ADDRESS	6056 LYNNLAKE DR S			EET ADDRESS					
CITY-SI-ZIP	ST PETERSBURG, FL 33712	<u> </u>	CITY	-ST-ZIP					
TITLE _NAME _ : :=:	•	☐ Delete	IIIL	1.	.7		Change	Addition	
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CITY-ST-ZIP		<u> </u>	CITY	'-ST-ZIP					
TITLE Name		☐ Oelete	TITL				☐ Change	Addition	
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CITY-ST-ZIP			CITY	r-\$1-ZIP					
TITLE		Deleta	īm	i	•		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STR	EET ADORESS			•		
CITY-ST-ZIP	•			-ST-ZIP			•		
TITLE	. "	☐ Oelete	TITL	_ I			☐ Change	Addition ,	
NAME STREET ADDRESS			NAM STR	ie Eet address				, ,	
CITY-ST-ZIP				r-ST-ZIP		·	ZA		
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: 2/20/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORIECTOR Date Date Date Description of Date Description of Date Date Description of Date Date Date Date Date Date Date Date									
	SIGNATURE AND TYPED OR I	PRENTED NAME OF SIGNING OFFICER	OR OIREC	TOR		Date	Dayame Phone &		