2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # P04000047496 Apr 17, 2006 08:00 AN **Secretary of State** A CHINESE FOOD TO GO, INC. Principal Place of Business Mailing Address 7820 SW 136TH COURT MIAMI FL 33183 CTOO NE-119TH STREET MIAMI FL 83161 2. Principal Place of Business 3. Mailing Address NONE Suite, Apt, #, etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-0869895 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NG, CHI YUM Street Address (P.O. Box Number is Not Acceptable) 7820 SW 136TH COURT **MIAMI FL 33183** City 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 Signature, type-in or printed name of registered agent and life it applicable (NGTE Registered Agent signature required when toinstalling) BIAC FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition **PVTS** ☐ Delete TITLE TITLE NAME NAME NG, CHI YUM 7820 SW 136TH COURT STREET ADDRESS STREET ADDRESS 04/29/06-80049-013 150.00 MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition mut TITLE LIAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-28 CITY-ST-ZIP Change Addition ☐ Delete TITLE HILE NAME MALAF STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE htte MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition Defete HILE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+SI-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.