

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P04000131712

1. Entity Name
IRON CHEF, INC.



Principal Place of Business
5634 WEST SAMPLE ROAD
MARGATE, FL 33073

Mailing Address
5634 WEST SAMPLE ROAD
MARGATE, FL 33073



04222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1126652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TSEENG, SUE MEI
5634 WEST SAMPLE ROAD
MARGATE, FL 33073

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000733907
05/09/07-80101-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TSEENG, SUE MEI
STREET ADDRESS 5634 WEST SAMPLE ROAD
CITY-ST-ZIP MARGATE, FL 33073

TITLE SD
NAME TRAN, STEVEN
STREET ADDRESS 5634 WEST SAMPLE ROAD
CITY-ST-ZIP MARGATE, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUE MEI TSEENG

4/23/07

(954) 7968-2296