

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 024 ***150.00

DOCUMENT # P05000007853

1. Entity Name
126 CHINESE RESTAURANT, INCORPORATED



Principal Place of Business
8687 W. IRLO BRONSON MEMORIAL HWY, #126
KISSIMMEE, FL 34747

Mailing Address
8687 W. IRLO BRONSON MEMORIAL HWY, #126
KISSIMMEE, FL 34747

40015803

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01122006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2162267** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PAN, QUING YUK
8687 W. IRLO BRONSON MEMORIAL HWY, #126
KISSIMMEE, FL 34747

7. Name and Address of New Registered Agent
Name **TSAN TONG WU**
Street Address (P.O. Box Number is Not Acceptable)
8687 W. IRLO BRONSON MEMORIAL HWY, #126
City **KISSIMMEE** FL Zip Code **34747**

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 **(X) TSAN TONG WU** 1-12-06
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, 2006 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 - ST - ZIP	PD PAN, QUING YUK 8687 W. IRLO BRONSON MEMORIAL HWY, #126 KISSIMMEE, FL 34747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD WU, TSAN TONG 8687 W. IRLO BRONSON MEMORIAL HWY, #126 KISSIMMEE, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **(X) TSAN TONG WU** 1-12-2006 407-239-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #