FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90012 024 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007853

1. EntityName
126CHINESERESTAURANT,INCORPORATED

PrincipalPlaceofBusiness	MailingAddress
8687 W. IRLO BRONSON MEMORIAL HWY, #126 KISSIMMEE, FL 34747	8687 W. IRLO BRONSON MEMORIAL HWY, #126 KISSIMMEE, FL 34747

4000J4100

01172008 Chg-P CR2E034(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 20-2162267 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

TSANTONEWU
8681W.IRLOBRONSONMEMORIALHWY,#126
KISSIMMEE,FL34747

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ____________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10.	OFFICERSANDDIRECTORS		11.	ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE NAME STREETADDRESS CITY-ST-ZIP	TSD WU,TSANTONG 8687W.IRLOBRONSONMEMORIALHWY,#126 KISSIMMEE,FL34747	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: ____________________ 01-18-08
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#