2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000025698

1. Entity Name

FOUR SEASONS CHINESE RESTAURANT AT SANDLAKE, INCORPORATED



FILED

Jan 25, 2006 8:00 am Secretary of State

01-25-2006 90028 011 ***150.00

quuuv Mailing Address

Principal Place of Business 7575 W SANDLAKE ROAD ORLANDO, FL 32819

7575 W SANDLAKE ROAD ORLANDO, FL 32819

ORES INDO, I	L 0L0.5		ORGA	100,12 32013								
2. Principal F	Place of Busin	3. Maili	3. Mailing Address									
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				01162006	Chg-P	CR2E	034 (11/05)		
City & Stat	te	City	City & State				4. FEI Numbe	20-319	15 144	£ Ar	oplied For of Applicable	
Zip	ip Country			Zip Country		itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registered		
HUANG, BAO ZHONG.						Name						
7575 W S	ANDLAKE					Street Address (P.O. Box Number is Not Acceptable)						
	-,							· · · · · · · · · · · · · · · · · · ·			·	
: !						City				Fl	Zip Cod	e
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												
	Signature, typed	or printed name of registered a	agent and title if appli	cable. (NOTE	: Registere	d Agent signature	required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.							\$5. Add	00 May Be ed to Fees				
10.		OFFICERS A	ND DIRECTOR	IRECTORS 11.				ADDITIONS/0	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE NAME	PD HUANG I			☐ Delete		E .c					☐ Change	Addition
	NAME HUANG, BAO ZHONG STREET ADDRESS 7575 W SANDLAKE ROAD			NAMI		ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete □							☐ Change	Addition
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TITLE	1			Delete	TITLE	<u> </u>					Change	☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 Date

407-226-1717

Daytime Phone #