


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 19 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000027238</b> 1. Entity Name <b>GREEN LEAF CHINESE RESTAURANT, INCORPORATED</b>					
Principal Place of Business <b>43200 HIGHWAY 27 NORTH DAVENPORT, FL 33837</b>			Mailing Address <b>43200 HIGHWAY 27 NORTH DAVENPORT, FL 33837</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2363107</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHEN, MING 43200 HIGHWAY 27 NORTH DAVENPORT, FL 33837</b>			7. Name and Address of New Registered Agent Name <b>AI QI CHEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>43200 Hwy 27 NORTH</b> City <b>DAVENPORT</b> FL <b>33837</b>		
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 <u><i>AI Chen</i></u> <span style="float: right;">6-15-07</span> <small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when revoking)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 CHEN, MING 43200 HIGHWAY 27 NORTH DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. CHEN, AI Q. 43200 Hwy 27 NORTH DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEN, AL Q 1769 MORNING SLAY DR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800104986349 06/26/07--01045--005 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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					
SIGNATURE: <u><i>(X) AI Chen</i></u> <span style="float: right;"><b>AI Q. CHEN</b> 6-15-07 (883) 420-0098</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DAVENPORT PHONE #</small>					