FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90074 050 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027238

1. EntityName
GREENLEAFCHINESERESTAURANT,INCORPORATED

40007875

01112008 Chg-P CR2E034(12/06)

PrincipalPlaceofBusiness	MailingAddress
43200 HIGHWAY 27 NORTH DAVENPORT, FL 33837	43200 HIGHWAY 27 NORTH DAVENPORT, FL 33837
2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 20-2363107 ☐ AppliedFor ☐ NotApplicable

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

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
CHEN,AIQI 43200HIGHWAY27NORTH DAVENPORT,FL33837	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode

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

SIGNATURE aichen 01-15-2008
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	PD CHEN,AIQI 43200HIGHWAY27NORTH DAVENPORT,FL33837	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	TC HUANG,RENGH 1769MORNINGSLAYDR WINTERGARDEN,FL34787	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	S HUANG,QF 1769MORNINGSLAYDR WINTERGARDEN,FL34787	☐ 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
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: aichen 01-15-2008
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#