

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90034 047 \*\*\*150.00

|   |   |         |   |   |  |
|---|---|---------|---|---|--|
| <b>DOCUMENT # P05000053584</b>  |   |         |   |   |  |
| <b>1. Entity Name</b><br>CHUNG WAH CHINESE FOOD, INC.   |   |         |   |   |  |
| <b>Principal Place of Business</b><br>190 NE 119 STREET<br>MIAMI, FL 33161 US   |   |         | <b>Mailing Address</b><br>18999 BISCAYNE BLVD<br>STE 205<br>AVENTURA, FL 33180 US   |   |  |
| <b>2. Principal Place of Business</b>   |   |         | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc.   |   |  |
| City & State  |   |         | City & State  |   |  |
| Zip   |   | Country |   | Zip   |  |
| Country   |   | Country |   | 01182006 Chg-P CR2E034 (11/05)  |  |
| <b>4. FEI Number</b><br>20-2688303  |   |         |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |         |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CHEN, YONG JIE<br>190 NE 170 STREET<br>MIAMI, FL 33162  |   |         | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |   |  |
| <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.</b>  |   |         |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   |         | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>CHEN, YONG JIE<br>190 NE 170 STREET<br>MIAMI, FL 33162 |         | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>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.</b> |   |         |   |   |  |
| <b>SIGNATURE:</b> <i>Yong Jie Chen</i>  |   |         | <i>2/7/06</i>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |         | Date Daytime Phone #  |   |  |