2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2007 8:00 am Secretary of State DOCUMENT # P05000124140 1. Entity Name 02-07-2007 90043 024 ***150.00 RIVERSIDE CHINESE CAFE, INCORPORATED Principal Place of Business Mailing Address 1373 E. OSCEOLA PARKWAY 1373 E. OSCEOLA PARKWAY KISSIMMEE FL 34743 KISSIMMEE FL 34743 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-3429095 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KO, YUK KEUNG 1686 NESTLEWOOD TRAIL Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 City Zip Code 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 it applicable. (NOTE Registered Agent signature required when reinstating) ÐΛ1ι FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILLE Delete ши ■ Addition ☐ Change KO. YUK KEUNG NAME NAMI 1686 NESTLEWOOD TRAIL STREET ADDRESS STREET ADORESS ORLANDO FL 32837 CHY ST-ZIP CITY ST 7/P ☐ Delete TITLE. Change Addition LO. WING KWONG 14118 SERENA LAKE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CHY ST ZIP CHY ST ZIE THE ☐ Delete mer Change Addition KO, SUK FAN NAME NAME 1686 NESTLEWOOD TRAIL STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CHY-ST-ZIP CHY ST-ZIE Secentum, THE ☐ Delete Change Addition NAME Meny STREET ADDRESS STREET ADDRESS 1373. E. Oscesla phony CRY ST 702 CDY ST ZIP ш TITLE Change Addition NAM MAME STREET ADDRESS STREET ADDRESS CHY SI-7/P CITY ST 7IP Delete THE THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY SI-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal offect as if made under eath; that I am 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

G OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED