

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-10-2006 90097 044 \*\*\*150.00

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<b>DOCUMENT # P05000131083</b> 1. Entity Name <b>SHANG CHAI CHINESE RESTAURANT, INC.</b>					
Principal Place of Business <b>5650 STERLING RD. HOLLYWOOD, FL 33021</b>			Mailing Address <b>G/O M. ALMAN, 17290 NE 19 AVE. N. MIAMI BEACH, FL 33162</b>		
2. Principal Place of Business Suite, Apt. #, etc. -		3. Mailing Address <b>18999 BISCAYNE BLVD STE 205</b>			
City & State 		City & State <b>AVENTURA, FL</b>		4. FEI Number <b>11-3759931</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33180</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>ALMAN, MARTIN H. 17290 NE 19TH AVE. N. MIAMI BEACH, FL 33162-2210</b>	
7. Name and Address of New Registered Agent Name <b>NANCY BARZVI</b>		Street Address (P.O. Box Number is Not Acceptable) <b>5650 STIRLING ROAD</b>			
City <b>HOLLYWOOD</b>		State <b>FL</b>		Zip Code <b>33021</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>Nancy Barzvi</i></u> DATE: <u>2/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	PS BARZVI, NANCY 1817 S. OCEAN DR., APT. PH 25 HALLANDALE, FL 330094936 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BARZVI, MORDCHAI 1817 S. OCEAN DR., APT. PH-25 HALLANDALE, FL 330094936 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Nancy Barzvi</i></u>			Date: <u>4/30/06</u>		