FILED Mar 03, 2008 8:00 am Secretary of State

2008	FOR PROFIT CORPORATION	Į
	ANNUAL REPORT	

ANNOAL REPORT							_ *.		J		
DOCUMENT # P05000163423 1. Entity Name JOY LUCK CHINESE RESTAURANT, INCORPORATED							03-03-2008	90203 05	50 ***15	0.00	
Principal Place of Business Mailing Address							1				
980 WEST STATE ROAD 434 LONGWOOD, FL 32750			Mailing Address 980 WEST STATE ROAD 434 LONGWOOD, FL 32750				40037	1125			
2. Principal F	Place of Busin	3. Mailing Address									
Suile, Apt. #, etc.			Suite, Apt. #, etc.				02292008	Chg-P	CR2E03	34 (12/06)	
City & State			City & State				4. FEI Numb 20-395			_ 	plied For t Applicable
Zip	p Country		Zip	Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Regulred				litional
	6. Name	and Address of Current	Registered	Agent			7. Name and	Address of New R	legistered A	gent	
HU, HENG YING 980 WEST STATE ROAD 434 LONGWOOD, FL 32750					Name Street Address (P.O. Box Number is Not Acceptable)						
		:.				City			FL	Zip Cod	9
8. The above the obligation	named entity tions of regist	y submits this statement for tered agent.	or the purpos	e of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo		amiliar with,	and accept
SIGNATURE	Signature, lyped	or printed name of registered agent	and title if applica	able. (NOT	E: Registere	ed Agent signature require	ed when reinstating)	-	DATE		
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.		Election Campa Trust Fund Cont			5.00 May Be ded to Fees				
10.		OFFICERS AND	DIRECTORS	3	11.		ADDITIONS.	L CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PD Delete Titu					I				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	T STATE ROAD 434 DOD, FL 32750				EET ADDRESS STZIP					
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NAME	-	, ,		☐ Delete	TITLI	- }				☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP					STRE	EET ADDRESS -ST-ZIP					
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TITLE				☐ Delete	TITL	l l			······································	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: WWW. OZ - Z9 - Z008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OZ - Z9 - Z008 Davis Prograf											
				SIGNING OF FIGER				Cato	OB	ytime Phone #	i