

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90001 037 ***150.00

DOCUMENT # P06000056278

1. Entity Name
GREEN TEA CHINESE RESTAURANT, INC.



Principal Place of Business
**402 HAVENDALE BLVD
AUBURNDALE, FL 33823**

Mailing Address
**809 SUNSET COVE DRIVE
WINTH HAVEN, FL 33880**

40033430



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

402 HAVENDALE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)

City & State

City & State

AUBURNDALE, FL

4. FEI Number

20-4726595

Applied For

Not Applicable

Zip

Country

Zip

33823

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEN, ZHONG
809 SUNSET COVE DRIVE
WINTER HAVEN, FL 33880**

Name

ZHONG CHEN

Street Address (P.O. Box Number is Not Acceptable)

402 HAVENDALE BLVD

City

AUBURNDALE

FL

Zip Code

33823

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CHEN, ZHONG
809 SUNSET COVE DRIVE
WINTER HAVEN, FL 33880**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WINNIE TAM
809 Sunset Cove Dr Winterhaven FL 33880**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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CITY - ST - ZIP

☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2007

Date

Daytime Phone #