

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 APR 30 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000124233					
1. Entity Name CHINA SEA RESTAURANT, INCORPORATED					
Principal Place of Business 1966 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34743			Mailing Address 1966 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34743		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-5617615			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WANG, SHAN QING 1966 EAST OSCEOLA PARKWAY KISSIMMEE, FL 34743				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIANG, YU HUA		NAME	JIANG, SHU BIN	
STREET ADDRESS	1966 E. OSCEOLA PKWY		STREET ADDRESS	1966 E. OSCEOLA PARKWAY	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIANG, SHU BIN		NAME		
STREET ADDRESS	1966 EAST OSCEOLA PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	200103133342	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, SHAN QING		NAME	05/24/07--01013--024 **70.00	
STREET ADDRESS	1966 EAST OSCEOLA PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			423-07 (407) 348-8299		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

DE 578