2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

1. Entity Nam HOP BO	MENT # P07000001 CHINESE RESTAURANT A			04-25-200	8 90131 027 ***	150.00		
Principal Plac	e of Business		- 4000					
Principal Place of Business 4420 CURRY FORD ROAD ORLANDO, FL 32812 Maiting Address 4420 CURRY FORD ROAD ORLANDO, FL 32812 ORLANDO, FL 32812)		-			
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008	Chg-P	CR2E034 (12/00	3)	
City & State		City & State		4. FEI Number	20-819	m / (x/ /─ /	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	□ \$8.75 A Fee Requ		
6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Agent		
 LIU. KUI CAI			Name	Name				
4420 CURRY FORD ROAD ORLANDO, FL 32812			Street Addre	Street Address (P.O. Box Number is Nat Acceptable)				
0.12.11.20.12								
			City			FL Zip C	ode	
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 acceptable of the obligations of registered agent.							h, and accept	
SIGNATURE								
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution. Adde								
10.	OFFICERS AND		11.	ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
NAME	PD LIU, KUI CAI	☐ Delete	TETLE NAME			☐ Chang	Addition	
STREET ADDRESS	4420 CURRY FORD ROAD		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Chang	Addition	
NAME STREET ADDRESS			NAME Street Adoress					
CITY-ST-ZIP		ŀ	CITY-ST-ZIP					
TITLE								
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		☐ Delete	NAME		,,,,	☐ Chang	e Addition	
CITY-\$1-ZIP		☐ Delete				☐ Chang	e Addition	
ì		☐ Delete	NAME Street address			☐ Chang		
CITY-\$1-ZIP TITLE NAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
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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 eath; 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08 (407) 381-1867