

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90094 023 ***150.00

DOCUMENT # P07000031902					
1. Entity Name JOY LUCK RESTAURANT 2, INC.					
Principal Place of Business 5796 JOG ROAD LAKE WORTH, FL 33467			Mailing Address 1684 S CONGRESS AVE PALM SPRINGS, FL 33461		
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		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TSAI, ZHEN 1684 S CONGRESS AVE PALM SPRINGS, FL 33461			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 _____ DATE _____ Signature, typed or printed name of registered agent and date of preparation (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD TSAI, ZHEN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TSAI, ZHEN		NAME		
STREET ADDRESS	1684 S CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP		
TITLE	VPD CHEN, SHAN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CHEN, SHAN		NAME		
STREET ADDRESS	1684 S CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP		
TITLE	SD LIU, QIAN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LIU, QIAN		NAME		
STREET ADDRESS	1684 S CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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: <u>X Zhen Tsa</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Director's Phone # _____					