


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000003739							
1. Entity Name YEUNG'S CHINESE RESTAURANT, INC.							
Principal Place of Business 954 41ST ST MIAMI BEACH FL 33140		Mailing Address 954 41ST ST MIAMI BEACH FL 33140					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0368897 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NG, CHUNG YIN 954 41ST ST MIAMI BEACH FL 33140			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 <i>Chung Yin Ng</i>			DATE 3/24/05				
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NG, CHUNG YIN	NAME	000000278244 03/28/05-80016-018 150.00				
STREET ADDRESS	954 41ST ST	STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NG, CHUNG YIN	NAME					
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CITY-ST-ZIP		CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Chung Yin Ng</i>			DATE: 3/25/05 DAYTIME PHONE #: 305 672 1149				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #				