

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 021 ***150.00



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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.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0368897

Applied For

Not Applicable

Zip

Country

Zip

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 1)

TITLE **D** Delete
 NAME **NG, CHUNG YIN**
 STREET ADDRESS **954 41ST ST**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **SECRETARY** Change Addition
 NAME **JOHANA DE LA PAZ**
 STREET ADDRESS **235-78 STREET, APT#5, MIAMI BEACH, FL 33141**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NG, CHUNG YIN**
 STREET ADDRESS **954 41ST ST**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Chung Yin NG **CHUNG YIN NG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/06

Date

305 672-1144

Daytime Phone #