

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90042 010 \*\*\*150.00

**DOCUMENT # P92000004130**

1. Entity Name  
CHEF YAU'S, INC.



Principal Place of Business  
3337 S. WESTSHORE BLVD  
TAMPA, FL 33629 US

Mailing Address  
3337 S WESTSHORE BLVD  
TAMPA, FL ~~33609~~ US  
33629

40092141



04232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3150974

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

YAU, KIN S  
3337 S. WESTSHORE BLVD  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME	D YAU, KIN S
STREET ADDRESS	5507 LAKE LETA BOULEVARD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE NAME	D YAU, XIAO Y
STREET ADDRESS	5507 LAKE LETA BOULEVARD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Xiao Yu Zhang* 4-23-06  
KIN S. YAU 4-23-06 (813) 908-1290