2004 FOR PROFIT CORPORATION

Feb 23, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P93000066103 1. Entity Name 02-23-2004 90053 039 ***150.00 CHINA CORAL CHINESE RESTAURANT, INC. Principal Place of Business Mailing Address 830 A1A N 830 A1A N **STE 12 STE 12** PONTE:VEDRA BCH:EL-32082 PONTE VEDRA BCH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3204110 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTERSON, LAWRENCE R 3010 SOUTH 3RD STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition X Delete TITLE SE Change TITLE YUCHI, WENHAO NAME YUCH, WEN HAO NAME 830 A-1-A NORTH, SUITE 12 STREET ADDRESS 830 AIA N. SuiteIZ STREET ADDRESS CITY-ST-ZIP Ponta Vedra Beach FL 32082 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Change ☐ Addition TITLE ☐ Delete TITLE YUCHI, ZHANG WEI NAME NAME STREET ADDRESS 830 A-1-A NORTH, SUITE 12 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP Change | ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete _ TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME

Wen Hao VUCHI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition

FILED