

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000023535					
1. Entity Name GOLDEN CHOPSTICKS EXPRESS, INC.					
Principal Place of Business 1605 OVIEDO MARKETPLACE BLVD SUITE 1335 OVIEDO, FL 32765 US			Mailing Address 1605 OVIEDO MARKETPLACE BLVD SUITE 1335 OVIEDO, FL 32765 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3232833					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
HSIAO, CHIN-JUI 1605 OVIEDO MARKETPLACE BLVD SUITE 1335 OVIEDO, FL 32765					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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, 2004 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete HSIAO, CHIN-JUI 1605 OVIEDO MARKETPLACE BLVD, SUITE 1335 OVIEDO, FL 32765				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input type="checkbox"/> Delete HSIAO-TSENG, MEI-JUNG 1605 OVIEDO MARKETPLACE BLVD, SUITE 1335 OVIEDO, FL 32765				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GM <input type="checkbox"/> Delete LISTAO, CHENG-YING 1605 OVIEDO MARKETPLACE BLVD OVIEDO, FL 32765				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
U000000136030 04/28/04-80080-004 150.00					
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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.					
SIGNATURE: <i>mei-jung</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>4/28/04</i> Daytime Phone # <i>(407) 9776217</i>					