2005 FOR PROFIT CORPORATION



FILED

Apr 27, 2005 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # P94000026666	

04-27-2005 90306 021 ***150.00 1. Entity Name MYA'S CHINESE RESTAURANT, INC. Principal Place of Business Mailing Address 2202 N. YOUNG BLVD C/O BUSINESS COUNSELING SVC. INC. CHIEFLAND, FL 32626 PO BOX 1807 OCALA, FL 34478-1807 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 CR2E034 (10/03) City & State City & State Applied For 4. FELNumber 59-3235553 Not Applicable Zip Country Zip 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 TAN, KAH WOON 🥣 Street Address (P.O. Box Number is Not Acceptable) 2202 N. YOUNG BLVD CHIEFLAND, FL 32644 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTS TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME KAH WOON TAN NAME 2202 N YOUNG BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIEFLAND, FL 32626 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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)(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.

Daytime Phone #