

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90091 014 ***150.00

DOCUMENT # P94000084110

1. Entity Name

KUNG FU HOUSE INC.



Principal Place of Business

11765-D SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837
US

Mailing Address

11765-D SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837
US

34033300



MOORE

CR2E034 (11/03)

2. Principal Place of Business

11765-D South Orange Blossom TR

Suite, Apt. #, etc.

3. Mailing Address

2946 Smithfield DR

Suite, Apt. #, etc.

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32837

Country

Orange

Zip

32837

Country

Orange

4. FEI Number

59-3294492

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S ORLANDO AVE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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, 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

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AU-YANG, SHINSIN	
STREET ADDRESS	2946 SMITHFIELD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TSANG, TIN LUNG	
STREET ADDRESS	2946 SMITHFIELD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSANG, Man Ying	
STREET ADDRESS	12608 Danby Ave	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AU-YANG, SHINSIN	
STREET ADDRESS	2946 Smithfield DR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSANG, TIN LUNG	
STREET ADDRESS	2946 Smithfield DR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-16-04

407-851-2895