2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P95000021287 1. Entity Name LEE'S GARDEN CHINESE RESTAURANT, INC.				05-02-2005 90982 005 ***150.00			
Principal Place of Business Mailing Address			<u>L</u>	7			
2710 BLANDING BLVD., #16 MIDDLEBURG, FL 32068		2710 BLANDING BLVD., #16 MIDDLEBURG, FL 32068					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3305128	}	——————————————————————————————————————	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Star		S8.75 Add	ditional
6. Name and Address of Current Registered Agent				7. Name and Addre	ess of New Reg		
LI, TAO H 2389 FERNVIEW DR. JACKSONVILLE, FL 32065			Name				
			Street Address	(P.O. Box Number is N	ot Acceptable)		
			City			FL Zip Cod	е
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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND		11.	ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE	PTD HSIEN	☐ Delete	TITLE			☐ Change	☐ Addition
NAME Street Address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	VSD	☐ Delete	TITLE			☐ Change	Addition
NAME CTREET ADDRESS	LIU, CHUN FANG 2389 FERNVIEW DR.	NAME STREET ASPRESS					
STREET ADDRESS CITY-ST-ZIP	ORANGE PARK, FL		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	***************************************	☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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NAME			NAME				
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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:

TOO HSCOR JASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 904.282-38-

Daytime Phone #