2005 FOR PROFIT CORPORATION

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

May 13, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-13-2005 90222 047 ***150.00 **DOCUMENT # P95000078904** TONG'S CHINESE BARBECUE, INCORPORATED 50052154 Principal Place of Business Mailing Address 1224 E. COLONIAL DRIVE 1224 E. COLONIAL DRIVE ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address 6227 INTIL 6227 JUT! Suite, Apt. #, etc. Suite, Apt. #, etc. 05112005 CR2E034 (10/03) Applied For City & State City & State 4 FEI Number 59-3339643 DILLAND Not Applicable Country 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 TONG, KAM Y 70×9 Street Address (P.O. Box Number is Not Acceptable) 1224 E. COLONIAL DRIVE JUTERNATION/AL ORLANDO, FL 32803 Zip Code 32819 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P.D. Change TITLE ☐ Addition TITLE Delete TONG, KAM Y NAME TONG, KAM Y. 6227 INTERNATIONAL DRIVE 1224 E. COLONIAL DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP DUCANDO, FC TITLE ☐ Delete TIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

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.

NAME STREET ADDRESS

CITY - ST - ZIP TITLE

☐ Delete

SIGNATURE: W fra 400 TOPED OR PRINTED NAME OF SIGNING OFFICER O	MPC / CODYC	\((1-0540\)	7-351-9818
7 12			