2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2006 8:00 am Secretary of State 02-10-2006 90034 048 ***150.00 DOCUMENT # P96000005654 VILLAGE CHINESE RESTAURANT II, INC. 40012600 Principal Place of Business Mailing Address 14643 SW 104TH ST. 14643 SW 104TH ST. MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/05) 01242006 Chg-P City & State City & State 4. FEI Number Applied For 65-0671867 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 Name ZHEN, ZHIQIANG Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD. #205 NORTH MIAMI BEACH, FL 33180 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition ZHEN, ZHIQIANG NAME STREET ADDRESS 15319 S.W. 111TH STREET STREET ADDRESS CHTY-ST-ZIP MIAMI, FL 33196 CITY-ST-7IP VΦ TITLE ☐ Delete TITLE Change ☐ Addition XIONG, SHU Y NAME STREET ADDRESS 11067 SW 152ND CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP TITLE ☐ Defete ☐ 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-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 exemptions contained in Chapter 119, 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

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