2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 8:00 am Secretary of State

Making Address Making Address Making Address Making R 33186 US	DOCUMENT # P9600005654 1. Entity Name VILLAGE CHINESE RESTAURANT II, INC.				03-19-200	9 001	.8 019 ***	™138./3	
2. Principal Pace of Business - No P.O. Box # 3. Maling Address Suite, Apil *, etc. Suite April *, etc. 11232008 Chg-P CR2E334 (12/06) City & State City & State A. FEI Number Sc. Oct 1867 ST Applied For	Principal Place of Business Mailing Address				1				
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City & State County County County County City	Principal Place of Business - No P.O. Box # 3. Mailing Address			* ***** **					
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S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Street Address of Current Registered Again The Required Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in Address (P.O. Box	City & State	City & State City & State							
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent			Name -	7. Name an	d Address of New R	egistered	Agent	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. Tam familiar with, and accept the obligations of registered agent. Comparison of registered agent are depth and with aboleston. (FOTE, litepased Agent speaked Agent s	18999 BISCAYNE BLVD. #205			Street Address (P.O. Box Number is Not Acceptable)					
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added to Fee	Signature, typed or printed name of registered agent a	ind title if applicable, (NO1)	E. Registered	Agent signature required	when remedating)	1	DATE		
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12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director	NAME STREET ADDRESS	C Device	NAME STREE	T ADDRESS				C) create	7.00.00
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: Daying Cod/03/08.									