

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P96000037643 04-07-2004 90008 009 \*\*\*150.00 CHAN'S MOTT STREET RESTAURANT, INC. Principal Place of Business Mailing Address 94045792 10193 BRANDON CIR 4615 HWY 27 N DAVENPORT, FL 33837 ORLANDO, FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04022004 City & State City & State 4. FEI Number Applied For 65-0691518 Not Applicable Zip 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 Name CHAN, ERIC Street Address (P.O. Box Number is Not Acceptable) 10193 BRANDON CIRCLE ORLANDO, FL 32836 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITI E TITLE ☐ Delete ☐ Change M Addition CHAN, ERIC NAME NAME STREET ADDRESS 10193 BRNDON CIRCLE STREET ADDRESS ORLANDO, FL 32836 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete □ Change Addition NAME CHAN, ELSIE NAME STREET ADDRESS 10193 BRANDON CIRCLE STREET ADDRESS ORLANDO FL 32836 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP

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:

FILED