## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

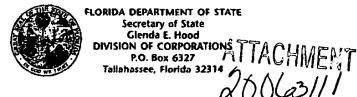
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State DOCUMENT # P96000037735** 07-13-2005 90012 040 \*\*\*150.00 1. Entity Name HAPPINESS CHINESE RESTAURANT LINC. Principal Place of Business Mailing Address **でんののハヤナナ** 1233-31 SO LANE AVE 1233-31 SO LANE AVE JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 59-3376098 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIM, YUK C Street Address (P.O. Box Number is Not Acceptable) 1233-31 LANE AVE S JACKSONVILLE, FL 32205 Zip Code City FI 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 little d applicable. (NOTE: Registered Apent signature required when reinstating) \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PT ☐ Delete TITLE CHIM. YUK NAME NAME 3835 STARLEAF ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 32210 Addition VΡ ☐ Detete TITLE ☐ Change TITLE SO, YUK NAME STREET ADDRESS 6110 DELMAN PLACE STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32205 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 01

FILED

Jul 13, 2005 8:00 am

Daytime Phone #



First-Class Mail U.S. Postage PAID State of Florida 84321

## NOTICE OF INTENT TO DISSOLVE

COORDERS OF AVIOLITY MAUTO TELL 1203 32203-625451

INTERNATIONAL TELL 1203 32203-625451

HAPPINESS CHINESE RESTAURANT I INC.

1233-31 SO LANE AVE

JACKSONVILLE FL 32205-6254

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## OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- · Detach this postcard.
- Enter address to mail report to, if <u>different</u> from preprinted address.
- Affix postage on reverse side and mail.



HAPPINESS CHINESE RESTAURANT I INC. 1233-31 SO LANE AVE JACKSONVILLE FL 32205-8264

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CR2E095-2nd 03/05 --

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

I Neven recoived no movere /no notice until

I got this on 6130/at

please find a check 140. - attached.

I Neven been late for the past 10 years.

Themle. Kevin & shilog-