## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT # P97000079596

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

**FILED** Feb 05, 2007 08:00 AM Secretary of State

1. Entity Name CHINA EATERY, INC.				)			
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	7			
14926 N. D. Tampa, Fl	ALE MABRY HIGHWAY 33618	539 N. MILLS AVE. ORLANDO, FL 32803					
F	OO NOT WRITE	INITUIC CDA	NCE	01242007	No Chg-P	CR2E034 (1	1/05)
L	O NOI WRITE	IN THIS SPA	40E	4. FEI Number 59-3466			Applied For Not Applicable
	N <sub>f</sub>		* **	5. Certificate of	Status Desired		5 Additional lequired
	6. Name and Address of Current Re	gistered Agent	. 2.4.27 % 25.	a faller of the state of the		man interfor	Politika in San Fr
CHENG, M 3722 LAN TAMPA, F	DINGS WAY DR APT #208			•	NOT WE		r e e e e e e e e e e e e e e e e e e e
				40			ar e g
the obligate	e named entity submits this statement for the tions of registered agent.  Signalure, typed or printed name of registered agent and  LE NOWILL FEE IS \$150.00	kite 4 applicable (NOTE, Regrs  9. Election Campaign Fit	tered Agent signature require		in the State of Florid	DATE	r with, and accept
After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution		ded to Fees			
10.	OFFICERS AND DIRECTORS			. ,			
TITLE NAME STREET ADDRESS	CHENG, MEI HSIA 3722 LENDINGS WAY DR APT#20	08			»	200400	
CITY-ST-ZIP TITLE	TAMPA, FL 33624		. ,		- 00000000 02/09/07	620409. 30036-00	6 150.00

## DO NOT WRITE IN THIS SPACE

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 eath; 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 AND TYPED OR PRINTED A SIGNING OFFICER OR DIRECTOR SIGNATURE:

Daytime Phone #