2004 FOR PROFIT CORPORATION

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ANNUAL REPORT

DOCUMENT # P97000095067

KING BBQ OF INTERNATIONAL MALL, INC.



Mar 17, 2004 08:00 AM **Secretary of State**

FILED

Principal Place of Business 4104 AURORA STREET

MIAMI, FL 33146

Mailing Address

4104 AURORA STREET CORAL GABLES, FL 33146



02032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0776951

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YEUNG, HOI SANG 4104 AURORA ST CORAL GABLES, FL 33146

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bu	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURE_						<u> </u>
	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registere	d Agent signature	erequired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing 🔲	\$5.00 May 8e Added to Fees	U00000091089 03/17/04-80045-02	2 150.00
10.	OFFICERS AND DIRE	CTORS	S	·	The state of the second of	ng sa na ang ang ang ang ang ang ang ang ang
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CIRCULATION CO. ALLIA ALIBORA ST			1 .		which is a comparable to the state of the same of the	and the same of the state of the same

CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ग्राŒ NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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.

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #