


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90071 005 \*\*\*150.00

<b>DOCUMENT # P97000101407</b>			
1. Entity Name <b>MING COURT CHINESE RESTAURANTS, INC.</b>			
Principal Place of Business <b>4823 MILTON STREET CAPE CORAL, FL 33904</b>		Mailing Address <b>4823 MILTON STREET CAPE CORAL, FL 33904</b>	
2. Principal Place of Business <b>618 El Dorado Parkway</b>		3. Mailing Address <b>618 El Dorado Parkway</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>	
Zip <b>33914</b>	Country <b>Lee</b>	Zip <b>33914</b>	Country <b>Lee</b>
4. FEI Number <b>65-0798552</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHOO, HOM PING 4823 MILTON STREET CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>618 El Dorado Parkway</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33914</b>	
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: <u><i>Homping Choo</i></u> <b>PD</b> <b>1-25-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOO, HOM PING 618 EL DORADO PARKWAY CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHOO, YOKE HUA 618 EL DORADO PARKWAY CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: <u><i>Homping Choo</i></u> <b>PD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-26-06</b> <b>239 549 3306</b> <small>Date Daytime Phone #</small>	