## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000001090

1. Entity Name

PANDA CHINESE RESTAURANT, INC.



Principal Place of Business

1201 CLEVELAND STREET CLEARWATER, FL 34615-4908 Mailing Address 1201 CLEVELAND STREET CLEARWATER, FL 34615-4908

## FILED May 03, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04302007 No Chq-P CR2E034 (11/05)

4. FEI Number 59-3483348

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSAI, STANLEY T 1886 DEL ROBLES DRIVE CLEARWATER, FL 34624-6429

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Ag				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000757949 05/23/07-80091-007 150.00
10.	OFFICERS AND DIREC	CTORS		· ·· · · · · ·	
TITLE	DP	_			
NAME	TSAI, STANLEY T				
STREET ADDRESS	1886 DEL ROBLES DRIVE				
CITY-ST-ZIP	CLEARWATER, FL 346246429				
TITLE	Т				
NAME	TSAI, ANNE R				
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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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR BAINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone #