

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90083 021 \*\*\*150.00

**DOCUMENT # P98000042557**

1. Entity Name  
**CHINA CITY RESTAURANT, INC.**



Principal Place of Business  
**1221 4TH STREET, NORTH  
ST. PETERSBURG, FL 33701**

Mailing Address  
**1221 4TH STREET, NORTH  
ST. PETERSBURG, FL 33701**



02222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1517939**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOON, JAMES  
1221 4TH STREET, NORTH  
ST. PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when renaming.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MOON, MAR FEE  
2601 36TH AVE. NORTH  
ST. PETERSBURG, FL 33713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MOON, JAMES  
1425 14TH ST. NORTH  
ST. PETERSBURG, FL 33701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOON, TANSY  
120 MYRTLE STREET  
NEPTUNE BEACH, FL 32266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-9-07 727-822-3713**