

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1517939

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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.

James Moon

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000945454
05/30/08-80008-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOON, MAR FEE
STREET ADDRESS	2601 36TH AVE. NORTH
CITY- ST- ZIP	ST. PETERSBURG, FL 33713
TITLE	VPD
NAME	MOON, JAMES
STREET ADDRESS	1425 14TH ST. NORTH
CITY- ST- ZIP	ST. PETERSBURG, FL 33701
TITLE	D
NAME	MOON, TANSY
STREET ADDRESS	120 MYRTLE STREET
CITY- ST- ZIP	NEPTUNE BEACH, FL 32266
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

James Moon

Date

Daytime Phone #

4-29-08 127-822-3713