2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

Principal Place of Business

ATLANTIC BEACH FL 32233

2. Principal Place of Business

499 MAYPORT ROAD

P98000053825

Mailing Address

P.O. BOX 16952

3. Mailing Address

JACKSONVILLE FL 32245-6952

1. Entity Name

GOLDFINGER RESTAURANT, INC.



Apr 11, 2003 8:00 am \$ Secretary of State ... **FILED**

04-11-2003 90221 002 ***150.00

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City & State City & State City & State City & State Country Country 5. Certificate of Status Desired																	
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S. Certificate of Situtus Desired Fee Required	City & State City			& State				4. FEI Number 59-3517651						-	Applied For Not Applicable		
LIN, XIN PING 499 MAYPORT DR ATLANTIC BEACH FL 32233 City FL Zip C 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 the obligations of registered agent are title of registered agent. SIGNATURE Signature bond or printed note of registered agent and title (repotable) FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11.	Zip Country Zip					Country									\$8.75 Additional Fee Required		
LIN, XIN PING 499 MAYPORT DR ATLANTIC BEACH FL 32233 City FL Zip C Add Atter May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee wil		6Name	and Address of Curr	ent Registere	d Agent										Agent		
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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 onlying all or registered agent. Signature Signature Signature typed or printed name of registered agent and title I applicable. NOTE Registered Agent signature required when relocations) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 ITILE MAKE SIRRET ADDRESS CITY-ST-2P LIN, XIN PING SIRRET ADDRESS CITY-ST-2P LIN, XIN PING SIRRET ADDRESS CITY-ST-2P LIN AMAY PORT RD ATLANTIC BCH Ft. 32233 ATLANTIC BCH Ft. 32233 TITLE Delete TITLE MAME SIRRET ADDRESS CITY-ST-2P SIRRET ADDRESS CITY-ST-2P SIRRET ADDRESS SIRRET	ATLANTIC	DEAUTI F	L 32233														
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12. I hereby certify that the information supplied with this filing 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.