## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P98000075131** 04-30-2004 90283 002 \*\*\*150.00 LITTLE PANDA EXPRESS #168, INC. Mailing Address Principal Place of Business 1103 DUNN AVE 1103 DUNN AVENUE 94077133 JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FE! Number 59-3535325 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- 6. Name and Address of Current Registered Agent YIM, KAN HOI Street Address (P.O. Box Number is Not Acceptable) 10082 HEATHER LAKE COURT WEST JACKSONVILLE, FL 32256 Zip Code City 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition YIN NUL LO NAME NAME STREET ADDRESS 1103 DUNN AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting 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. SIGNATURE:

FILED