

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043121

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: TASTE OF HONG KONG, INC.

**Current Principal Place of Business:**

6540 CARRIER DRIVE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5736 DONNELLY CIRCLE  
ORLANDO, FL 32821

**New Mailing Address:**

6540 CARRIER DRIVE  
ORLANDO, FL 32819

FEI Number: 59-3575210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAU, AGNES MAN YEE  
LAW OFFICES OF AGNES CHAU, P.A.  
716 E. COLONIAL DRIVE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: CHAU, KIN-PUI  
Address: 5736 DONNELLY CIRCLE  
City-St-Zip: ORLANDO, FL 32821

Title: D ( ) Delete  
Name: CHAU, SUP  
Address: 5736 DONNELLY CIRCLE  
City-St-Zip: ORLANDO, FL 32821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIN-PUI CHAU

DPTS

04/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date