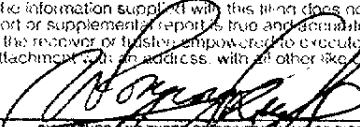


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000070536 1. Entity Name BENNY WONG'S CHINESE RESTAURANT, INCORPORATED					
Principal Place of Business 2318 FORTUNE ROAD KISSIMMEE, FL 34744			Mailing Address 2318 FORTUNE ROAD KISSIMMEE, FL 34744		
2. Principal Place of Business State Apt #, etc			3. Mailing Address State Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FCI Number 59-3589135	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WONG, PING K 2318 FORTUNE ROAD KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.			FL Zip Code		
SIGNATURE _____ DATE _____ (Signature of person or person named as registered agent and use if applicable) (If OFF: Registered Agent Signature then use when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing (Trust Fund Contribution) ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P WONG, PING K 2318 FORTUNE ROAD KISSIMMEE, FL 34744	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 to this address, with all other like empowered.					
SIGNATURE:  PING K WONG 3-8-04 407-344-7996					