2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2004 8:00 am **Secretary of State** 02-17-2004 90033 046 ***150.00 DOCUMENT # P99000100760 1. Entity Name MAY SUM RESTAURANT CORPORATION 94017305 Principal Place of Business Mailing Address 4542 S SEMORAN BLVD 539 N MILLS AVE ORLANDO, FL 32822 ORLANDO, FL 32803 US 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3607077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE 3105 ANTIETAM CREEK COURT ORLANDO, FL 32837 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_ (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. , . Added to Fees 10. OFFICERS AND DIRECTORS PD NAME TAN, LIC STREET ADDRESS 3105 ANTIETAM CREEK COURT CITY-ST-ZIP ORLANDO, FL 32837 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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12. Thereby 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.

STREET ADDRESS

SIGNATURE:	X di cTan	02(13/04	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #