2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90165 045 ***150.00

DOCUMENT # P99000102158

1. Entity Name
LEE'S NEW HONG KONG RESTAURANT, INC.

Principal Place of Business	Mailing Address
881 W BAY DR LARGO, FL 33770	881 W BAY DR LARGO, FL 33770

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1901 W. BAY DR.	1901 W. BAY DR.
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State LARGO. F.L.	City & State LARGO. F.L.
Zip 33770 County PINELLAS	Zip 33770 Country PINELLAS

4. FEI Number 59-3285915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIN, LI MANXIA
881 W BAY DR
LARGO, FL 33770

7. Name and Address of New Registered Agent

Name LIN LI MANXIA
Street Address (P.O. Box Number is Not Acceptable)
1901. W. BAY DR. #3
City LARGO. F.L. FL Zip Code 33770

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 LIN LI MANXIA Manxia Lin P. 4-05-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP YI, LI SHOA 881 W BAY DR LARGO, FL 33770	☐ Delete	DP YI LI SHOA 1901. W. BAY DR #3 LARGO. F.L. 33770	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV YI, LI MANXIA 881 W BAY DR LARGO, FL 33770	☐ Delete	DV YI LI MANXIA 1901. W BAY DR #3 LARGO FL 33770	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: LIN LI MANXIA Manxia Lin 4-05-05 727-585-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #