


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90276 005 ***158.75

DOCUMENT # P99000104581	
1. Entity Name PINE GARDEN RESTAURANT, INCORPORATED	

Principal Place of Business 429 NORTH ALAFAYA TRAIL ORLANDO, FL 32828	Mailing Address 429 NORTH ALAFAYA TRAIL ORLANDO, FL 32828
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34062769



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04102004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3596883

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUANG, LI JU 4211 STONEFIELD DR. ORLANDO, FL 32826

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	HUANG, LI JU
STREET ADDRESS	4211 STONEFIELD DR.
CITY-STATE-ZIP	ORLANDO, FL 32826
TITLE	VPD <input type="checkbox"/> Delete
NAME	ZOU, WEI XIONG
STREET ADDRESS	3826 STONEFIELD DRIVE
CITY-STATE-ZIP	ORLANDO, FL 32826
TITLE	VPD <input type="checkbox"/> Delete
NAME	HUANG, MENG DONG
STREET ADDRESS	8782 FORT JEFFERSON BLVD
CITY-STATE-ZIP	ORLANDO, FL 32822
TITLE	SEC' <input checked="" type="checkbox"/> Delete
NAME	ZOU, WEI XIAN SEC'Y
STREET ADDRESS	4645 WILLAMETTE CIRCLE
CITY-STATE-ZIP	ORLANDO, FL 32826
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	HUANG, LI JU
STREET ADDRESS	4211 STONEFIELD DR.
CITY-STATE-ZIP	ORLANDO, FL 32826
TITLE	VPD <input type="checkbox"/> Delete
NAME	ZOU, WEI ZHONG
STREET ADDRESS	4211 STONEFIELD DR.
CITY-STATE-ZIP	ORLANDO, FL 32826

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SEC' <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoang, Quan phu
STREET ADDRESS	2948 MOORCROFT CT.
CITY-STATE-ZIP	ORLANDO, FL 32817
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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: Li Ju Huang 4-18-04 (407)282-8968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)