


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S72212
 1. Entity Name
 PANDA INN, INC.



Principal Place of Business
 3092 TAMiami TRAIL
 PORT CHARLOTTE, FL 33952

Mailing Address
 3092 TAMiami TRAIL
 PORT CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE



04092004 No Chg-P CR2E034 (10/03)
 4. FEI Number 65-0281187 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LIM, JOHNSON
 3092 TAMiami TRAIL
 PORT CHARLOTTE, FL 33952

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000130454
 04/26/04-80118-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIM, JOHNSON
STREET ADDRESS	213465 HARBORVIEW RD #1021
CITY - ST - ZIP	PORT CHARLOTTE, FL 33980
TITLE	D
NAME	LIM, LENG SIV
STREET ADDRESS	23465 HARBORVIEW RD #102
CITY - ST - ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ Date: 4-20-2004 (239) 278-4206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR