

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # V26280

1. Entity Name  
KING PALACE CHINESE BBQ, INC.



Principal Place of Business  
2350-A UNIVERSITY DR  
SUNRISE, FL 33322

Mailing Address  
2350-A UNIVERSITY DR  
SUNRISE, FL 33322

**DO NOT WRITE IN THIS SPACE**

05-01-2006 90336 045 \*\*\*150.00

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

40004000



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0334989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHENG, NAI K  
2350-A UNIVERSITY DR  
SUNRISE, FL 33322

**DO NOT WRITE  
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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHENG, NAI K  
STREET ADDRESS 2350-A UNIVERSITY DR  
CITY-ST-ZIP SUNRISE, FL 33322

TITLE VD  
NAME CHENG, WAI F  
STREET ADDRESS 2350-A UNIVERSITY DR  
CITY-ST-ZIP SUNRISE, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 954-8815258  
Date Daytime Phone #