

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G01157

**Entity Name:** CANTON CHINESE RESTAURANT OF CORAL GABLES, INC.

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC5942162367**

**Current Principal Place of Business:**

2614-2624 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2614-2624 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**FEI Number: 59-2255158**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ED WIDER  
325 N. KROME AVE  
APT. #1816, CLIPPER BLDG.  
HOMESTEAD, FL 33030 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	MGR
Name	NG, ALLAN	Name	NG, IVA
Address	8005 NW 90 ST.	Address	8005 NW 90 STREET
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MEDLEY FL 33166

Title MGRM  
 Name NG, ABE  
 Address 2614-2624 PONCE DE LEON BLVD  
 City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: IVA NG**

**MGRM**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date