TAL PYMT 150.00 UNIT # 40002
VENDOR # 985009 GL# 7910

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DATE
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P35378

1. Entity Name
PANDA EXPRESS, INC.

Principal Place of Business	Mailing Address
1683 WALNUT GROVE AVE ROSEMEAD, CA 91770 US	1683 WALNUT GROVE AVE ROSEMEAD, CA 91770 US

01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4318504
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHERNG, ANDREW
STREET ADDRESS	2040 ASHBOURNE DRIVE
CITY-ST-ZIP	S PASADENA, CA
TITLE	PT
NAME	CHERNG, PEGGY
STREET ADDRESS	2040 ASHBOURNE DRIVE
CITY-ST-ZIP	S PASADENA, CA
TITLE	CFO
NAME	THEUER, JOHN F
STREET ADDRESS	6208 W 77TH STREET
CITY-ST-ZIP	LOS ANGELES, CA 90045
TITLE	AS
NAME	CHENG, IRENE
STREET ADDRESS	813 SUMMIT DRIVE
CITY-ST-ZIP	S. PASADENA, CA
TITLE	S
NAME	WILKINSON, R. MICHAEL
STREET ADDRESS	6351 TURNBERRY CIR
CITY-ST-ZIP	HUNTINGTON BCH, CA
TITLE	AS
NAME	LIU, STANLEY N.
STREET ADDRESS	1188 E RUBIO STREET
CITY-ST-ZIP	ALTADENA, CA 91001

U00000043221
02/10/04-80056-004 150.00

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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)(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: _____ 2/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #