

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2008 08:00 AM

DOCUMENT # P35378

1. Entity Name
PANDA EXPRESS, INC.



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

Mailing Address
1683 WALNUT GROVE AVE
ROSEMEAD, CA 91770 US

TOTAL PYMT 1 Secretary of State
VENDOR # 985009 GL # 7910
APPROVED BY [Signature] DATE 02/06/08



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4318504

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHERNG, ANDREW 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCD CHERNG, PEGGY 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO THEUER, JOHN F 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILKINSON, R. MICHAEL 1683 WALNUT GROVE AVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000830838
02/26/08-80098-025 150.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFD 2-6-08