, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 A **DOCUMENT #682879 Secretary of State** 1. Entity Name SUPER BUFFET INC. Principal Place of Business Mailing Address 2267 N.W. 28 ST. 2267 N.W. 28 ST. MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 59-2036299 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, JOEL Street Address (P.O. Box Number is Not Acceptable) 2267 NW 28 ST MIAMI, FL 33142 City Zip Code 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 tamiliar 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) 000000544382 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 05/11/06-80035-006 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, JOEL NAME NAME STREET ADDRESS 2267 NW 28 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZP ☐ Chance ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP TITLE ☐ Delete सार ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-719 CITY-ST-ZIP TIBLE

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.

STREET ADDRESS CITY-ST-ZIP

TITE

NAME

SIGNATURE:

NAME

STREET ADDRESS

☐ Delete

☐ Change

☐ Addition