2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 06, 2004 8:00 am Secretary of State **DOCUMENT # P00000018447** 05-06-2004 90162 011 ***150.00 KING'S SUPER BUFFET, INC. Principal Place of Business Mailing Address **34U34/38** 7101 W. OAKLAND PARK BLVD. 7101 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 04222004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0986942 Not Applicable Zip____ 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 Name YANG, AI FA Street Address (P.O. Box Number is Not Acceptable) 7101 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33313 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change Addition YU. CHAN FEN NAME NAME STREET ADDRESS 7101 W. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33313 CITY - ST - ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

XZENG C HUANG SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #