## 2005 FOR PROFIT CORPORATION

## Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-29-2005 90277 017 \*\*\*150.00 DOCUMENT # P00000018447 1. Entity Name KING'S SUPER BUFFET, INC. Principal Place of Business Mailing Address 7101 W. OAKLAND PARK BLVD. 7101 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0986942 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 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 Ćity 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 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 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PT ☐ Addition TITLE □ Delete Change YU, CHAN FEN NAME NAME 7101 W. OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33313 CITY-ST-ZIP VS Delete TITLE ☐ Change X Addition NAME HUANG, ZENG CHANG NAME STREET ADDRESS STREET ADDRESS 7101 W. OAKLAND PARK BLVD CITY-ST-7IP CITY-ST-ZIP AUDERHILL, FL 33313 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the changed, or on an atta the receiver or trustee

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED THE OF SIGN OFFICER OR DIRECTOR

Date Daytime Phone #

**FILED**