


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90044 034 ***150.00

DOCUMENT # P00000028816					
1. Entity Name Z.J. NEW CHINA BUFFET, INC.					
Principal Place of Business 1470 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009			Mailing Address 1 EAST BROADWAY 3RD FLOOR NEW YORK, NY 10038		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0995913	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANCOCK, WEI HONG 1470 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				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 _____ (NOTE: Registered Agent's signature required when registering)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANCOCK, WEI H <input type="checkbox"/> Delete 1470 E HALLANDALE BCH BLVD HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZHANG, YU JIN <input type="checkbox"/> Delete 5841 LAKE WORTH RD LAKE WORTH, FL 33463				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ZHANG, RONG <input type="checkbox"/> Delete 1470 E HALLANDALE BCH BLVD HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ZHANG, GE QING <input type="checkbox"/> Delete 8369 PINES BLVD HOLLYWOOD, FL 33021				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ 1/5/07					
Signature, typed or printed name of signing officer or director					