## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000103511

1. Entity Name IRON CHEF SUPER BUFFET, INC.

Principal Place of Business

909 W. VINE ST. KISSIMMEE, FL 34741 Mailing Address 909 W. VINE ST. KISSIMMEE, FL 34741

## 

**FILED** 

Mar 19, 2004 08:00 AM Secretary of State

03062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3689755

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

4078705500

6. Name and Address of Current Registered Agent

XIE, SHU ZHU 909 W VINE ST KISSIMMEE, FL 34746

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   | amed entity submits this statement for the pass of registered agent. | ourpose of changing its registered  | office or re      | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and acc | ept |
|---|--|---|-------------------|--------------------------------|---|-----|
| SIGNATURE.  | onalure, typed or printed name of registered agent and title         | If annille ship (MITTE Banistanes &   | nent slonature    | required when reinstating)     | DATE  |     |
|   | Sharmer those or between acres as redistrated about and the          | THO IS DESIGNATION OF THE PROPERTY.   | DEVIL DIGITALIONE | required writer reliable (g)   | 3   |     |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |  | <ol> <li>Election Campaign Financin<br/>Trust Fund Contribution.</li> </ol> | Ğ 🗆               | \$5.00 May Be<br>Added to Fees |   |     |
| 10. OFFICERS AND DIRECTORS  |  |   |                   |                                |   |     |
| NAME >  | PD<br>KIE, SHU ZHU<br>909 W VINE ST<br>KISSIMMEE, FL 34746           |   |                   |                                | U000000092738   |     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |                   |                                | 03/19/04-80021-003 150.00                                 |     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | DO  |                   |                                | NOT WRITE   |     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | _   | IN THIS SPACE     |                                |   |     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |                   |                                |   |     |
| TITLE NAME STREET ADDRESS 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. |  |   |                   |                                |   |     |

TES NAME OF SIGNING OFFICER OR DIRECTOR