
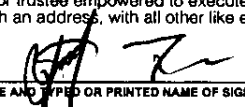


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90344 035 \*\*\*150.00

<b>DOCUMENT # P00000106559</b> 1. Entity Name M.P. BUFFET, INC.		
Principal Place of Business 549 US HWY 41 BYPASS N VENUS, FL 34292		Mailing Address 549 US HWY 41 BYPASS N VENICE, FL 34292
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LAU, YUNG 549 US HWY 41 BYPASS N VENICE, FL 34292		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAU, YUNG 549 US HIGHWAY 41, BYPASS N VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice PD Mei Jing Dong 549 US HWY 41 Byp. N. Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

40000100



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1073335	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

4/22/08 944123988  
Date Daytime Phone #