


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90038 040 ***150.00

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| DOCUMENT # P00000114667 |  |
| 1. Entity Name CHINA DRAGON BUFFET, INCORPORATED | |

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| Principal Place of Business 1226 E. COLONIAL DRIVE STE B ORLANDO, FL 32803 | Mailing Address 3312 US HWY 19 HOLIDAY, FL 34691 |
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94030261



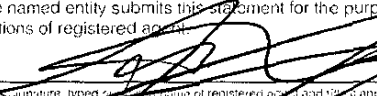
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|---|---|
| 2. Principal Place of Business 3312 US Highway 19 Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Holiday, FL | City & State |
| Zip 34691 | Country USA |

03052004 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent LIANG, BRIAN 1226 E. COLONIAL DRIVE STE B ORLANDO, FL 32803 | |
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| 7. Name and Address of New Registered Agent Name Chun Tat Kwok Street Address (P.O. Box Number is Not Acceptable) 3312 US Highway 19 City Holiday FL Zip Code 34691 | |
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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.

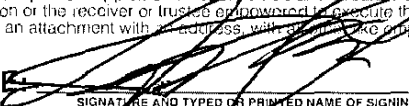
SIGNATURE  DATE 3-5-04

(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KWOK, CHUN TAT 3312 US HWY 19 HOLIDAY, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KWOK, SHAM F 3312 US HWY 19 HOLIDAY, FL <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 a signature, or otherwise.

SIGNATURE  DATE 3-5-04 DAYTIME PHONE 927-842-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR