2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 2005 8:00 am **DOCUMENT # P01000030177 Secretary of State** EAST BUFFET, INC. 03-23-2005 90052 045 ***150.00 Principal Place of Business Mailing Address 5086 NORMANDY BLVD. 539 N MILLS AVE 40037629 JACKSONVILLE, FL 32205 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-2699974 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHEN, ZHAO D 5086 NORMANDY BLVD. JACKSONVILLE, FL 32205 5086 NORMANDY BLUD 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. (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 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. PD ☐ Change ☐ Addition TITLE 🖊 Delete TITLE CHEN, ZHAO D NAME NAME STREET ADDRESS 5086 NORMANDY BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-ZIP Addition TITLE Delete TITLE NAME CHAN, SUNG MAN STREET ADDRESS STREET ADDRESS 5086 NORMANDY BLYD City-ST-ZIP CITY-ST-7IP JACKSON VILLE, FL 3 1205 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

Daytime Phone #