2005 FOR PROFIT CORPORATION ANNUAL REPORT

Suite, April 4, etc. Suite, April 4, etc.	DOCUMENT # P01000085763 1. Entity Name NEW CHAO WANG BUFFET, INC. Principal Place of Business 240 NORTH NOVA RD. DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address 3. Mailing Address							OSFEB 16 PM 12: 10 TALLAHASSEE, FLORIDA			
See Address of Current Registered Agent T. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent T. Name and Address of New Registered Agent The DATTOR Agent A											
S. Certificate of Status Desired Secretificate							59-3746922 Not Applicable				
240 NORTH NOVA RD. DAYTONA BEACH, FL 32114 City FL Zip Code							5. Certificate of Status Desired Fee Required				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			and Address of Current	negiatered Agent		Name	7. Name and	Address of New H	egistered Agent		
8. The above named entity submits this systement for the purpose of changing its registered algent, or both, in the State of Florids. I am familiar with, and accept the obligations of legistered agent.	240 NORTH NOVA RD.					Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent. Compared to the obligations of positive and of abjected agent with its fling does not qualify for the exemption statute. Change Addition						City FL Zip Code				de	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	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										
TITLE NAME VALENCE, JIN F VALENCE, J	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
THE CHANGES STREET ADDRESS CITY-ST-2IP TITLE DAYTONA BEACH, FL 32114 TITLE DEERE TADDRESS CITY-ST-2IP TITLE DEERE TADDRESS CITY-ST-2IP	10.	,	OFFICERS AND	DIRECTORS	11,		ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete 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 tike empowered. SIGNATURE:	NAME STREET ADDRESS			☐ Delete	NAM STRE	E Et adoress			☐ Change	Addition	
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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daving Proce #											