

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000106466

1. Entity Name
GOLDEN CHINA BUFFET INC.



Principal Place of Business
NORTH SIDE SHOPPING CENTER
7900 NW 27TH AVENUE, 200 NORTH COURT
MIAMI, FL 33147

Mailing Address
70 BOWERY LOWER LEVEL
SUITE #28
NEW YORK, NY 10013



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0456955

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUO, QI HAO
NORTH SIDE SHOPPING CENTER
7900 NW 27TH AVENUE, 200 NORTH COURT
MIAMI, FL 33147

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GUO, QI HAO PRES
STREET ADDRESS 7900 NW 27TH AVE, 200 N. COURT
CITY-ST-ZIP MIAMI, FL 33147

TITLE V
NAME JIAN, HAI RONG
STREET ADDRESS 10611 NW 12 AVE
CITY-ST-ZIP MIAMI, FL 33150

TITLE S
NAME DONG, BI YU
STREET ADDRESS 10611 NW 12 AVE
CITY-ST-ZIP MIAMI, FL 33150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000224587
02/11/05-80005-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #