

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 20 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110825

1. Entity Name  
HK BUFFET, INC.



Principal Place of Business  
213-2 WEST ALEXANDER STREET  
PLANT CITY, FL 33566

Mailing Address  
7-8 CHATHAM SQUARE  
SUITE #802  
NEW YORK, NY 10038



07172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3757101

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ZHANG, LIZHU  
3309 MICHENER PL  
PLANT CITY, FL 33567

**DO NOT WRITE  
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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ZHANG, LI ZHU  
STREET ADDRESS 3309 MICHENER PL  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VP  
NAME ZHANG, SHAN XIONG  
STREET ADDRESS 3309 MICHENER PL.  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100059795381  
09/20/05--01069--001 \*\*558.75

**DO NOT WRITE  
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)(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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #