## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE!

PRINTED NAME OF

NING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR

## **Secretary of State DOCUMENT # P02000076155** 02-21-2006 90011 050 \*\*\*150.00 JUMBO BUFFET II, INC. Principal Place of Business Mailing Address 13699 BISCAYNE BLVD 18999 BISCAYNE BLVD #205 AVENTURA, FL 33180 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. Chg-P 01182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 71-0894911 Not Applicable Zip Country Zip 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 Name HUANG, QILI Street Address (P.O. Box Number is Not Acceptable) 13699 BISCAYNE BLVD. NORTH MIAMI, FL 33181 City Zip Code 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 Synature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agont signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE **DPTS** ☐ Delete TITLE Addition HUANG, QI LI NAME NAME 13699 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 60?, 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. 2/15/06 Deytring Phone 6

FILED

Feb 21, 2006 8:00 am