


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90029 038 \*\*\*150.00

DOCUMENT # P02000112564  
 1. Entity Name  
 NEW PEKING BUFFET, INCORPORATED



Principal Place of Business Mailing Address  
 1226 E. COLONIAL DRIVE PO BOX 533100  
 SUITE B ORLANDO, FL 32853  
 ORLANDO, FL 32803

94029813



2. Principal Place of Business 3. Mailing Address  
 1841 State Rd 44 1841 State Rd 44  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State City & State  
 New Smyrna Beach, FL New Smyrna Beach, FL  
 Zip Country Zip Country  
 32168 USA 32168 USA

4. FEI Number Applied For  
 16-1633562 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LIANG, BRIAN  
 1226 E. COLONIAL DRIVE  
 SUITE B  
 ORLANDO, FL 32853

7. Name and Address of New Registered Agent  
 Name: JIAO CHEN  
 Street Address (P.O. Box Number is Not Acceptable)  
 1841 State Rd 44  
 City: New Smyrna Beach FL Zip Code: 32168

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: Jiao Chen DATE: 03/10/04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN, JIAO 1226 E. COLONIAL DRIVE, #B ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jiao Chen DATE: 03/10/04 (386) 409-7098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #