2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAR 23 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129932

1. Entity Name
SPLENDID CHINA BUFFET, INC.

Principal Place of Business	Mailing Address
15551 SAN CARLOS BLVD #42 FT MYERS, FL 33908	15551 SAN CARLOS BLVD #42 FT MYERS, FL 33908

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Splendid Buffet		15551 McGregor Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #42	
City & State Fort Myers FL		City & State Ft Myers FL	
Zip 33908	Country USA	Zip 33908	Country USA

4. FEI Number 651022374 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DONG, CHUN LI
15551 SAN CARLOS BLVD #42
FT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name Mei Long Xiao
Street Address (P.O. Box Number is Not Acceptable) 15551 McGregor Blvd.
#42
City Ft Myers FL Zip Code 33908

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, 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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONG, CHUN LI 15551 SAN CARLOS BLVD #42 FT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000085707 03/11/04-80058-018 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 3.8.04 239-433 1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #