2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State

DOCUMENT # P02000130173 1. Entity Name INTERNATIONAL BUFFET OF AMERICA INC.						01-25-2007	90054 04	13 ****15().00
Principal Place 9061 COLLEC FT. MYERS, F	GE PKWY	Mailing Address C/O CAAT., INC 17 E. BRODWAY #204 NEW YORK, NY 10002	See A		3. 				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9061 COLLEGE PKW CAAT, IN C. Suite, Apt. #, etc.									
City & State City & State			ADWA/#	204	01162007 4. FEI Numb	Chg-P	CR2E0	34 (12/06)	plied For
FT: M	ERS FL	NEWTORK	N.Y		59-376			No	t Applicable
33919	Country	10002	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
YALING ZHENG					HENG JUAN ZHENG				
9061 COLLEGE PKWY FT. MYERS, FL 33919				Street Address (P.O. Box Number is Not Acceptable) 706 COLLEGE PKW					
						•		Tin Code	
City FT.					MER		FL	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 Signature, typed or printed name of legislage) agent and use inapplicable (NOTE: Regislated Agen) alignature required when reinstating) DATE OPEN TO THE NEW TOWN ZHRUE 1/17/07 DATE								7 .	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	·		00 May Be ed to Fees				
10.	OFFICERS AND I	DIRECTORS	11.			CHANGES TO OFF	FICERS AND		3 IN 11
TITLE NAME	DPVT YAUN, ZHEN	Defete	TITLE NAME	DPV ZHE	JA YU	AN ZHEN	tı	Change	☐ Addition
STREET ADDRESS	9061 COLLEGE PKWY		STREET ADDRESS	906		SGE PKW	Y		
CITY-ST-ZIP	FT. MYERS, FL 33919		CITY-ST-ZIP	ŹΥ	MYER	FL 33	3917		
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE	<u> </u>				Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						Ì
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						ſ
CITY-ST-ZIP			CITY-ST-ZIP						
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation	true and accurate and that m	ly signature shall h	nave the	same legal effe	ct as if made under	oath; that I a	ım an officer	or director