

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90066 047 ***150.00

DOCUMENT # P03000003274 1. Entity Name HONG KONG BUFFET (ZHUO'S) INC.					
Principal Place of Business 205 TYNDALL PARKWAY CALLAWAY, FL 32404 US			Mailing Address C/O 136 BOWERY SUITE 203 NEW YORK, NY 10013 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 03132008 Chg-P CR2E034 (12/06) </div>					
4. FEI Number 03-0500124				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAN, XUE YING 205 TYNDALL PARKWAY CALLAWAY, FL 32404			7. Name and Address of New Registered Agent Name CHEN, GUO TAN Street Address (P.O. Box Number is Not Acceptable) 205 TYNDALL PARKWAY City CALLAWAY FL Zip Code 32404		
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 <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CHEN, GUO TAN 205 TYNDALL PKWY CALLAWAY, FL 32404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LU, YOU FENG 205 TYNDALL PKWY CALLAWAY, FL 32404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NO CHANGE	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:			GUO TAN CHEN 3/3/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		