


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90038 004 ***150.00

DOCUMENT #P03000023470			
1. Entity Name NEW NAPLES GRAND BUFFET, INCORPORATED			
Principal Place of Business 2700 E. TAMIAMI TRAIL NAPLES, FL 34112		Mailing Address 2700 E. TAMIAMI TRAIL NAPLES, FL 34112	
2. Principal Place of Business New Naples Grand Buffet		3. Mailing Address 2700 E. Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Same		City & State Naples, FL	
Zip	Country	Zip	Country
		34112	collier

94041544



03082004 Chg-P CR2E034 (10/03)

4. FEE Number 73-1669408	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIANG, BRIAN 1226 E. COLONIAL DRIVE SUITE B ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name YONG YU DONG Street Address (P.O. Box Number is Not Acceptable) 2700 E TAMIAMI TRAIL City Naples FL Zip Code 34112	
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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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONG, YONG YU 2700 E. TAMIAMI TRAIL NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/04 **239 732 5777**