2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 08:00 Al Secretary of State

ANNUAL REPURI				Secretary of S			
DOCUMENT # P03000043282 1. Entity Name INTERNATIONAL SUPER BUFFET OF FLORIDA INC.					ì	secretar	y 01 S
Principal Place 2259 N CITR LEESBURG, F	RUS BLVD	Mailing Address 2259 N CITRUS BLVD LEESBURG, FL 34748					
DO NOT WRITE IN THIS SPACE			CE	02072007 No Chg-P CR2E034 (11/05) 4. FEI Number			Applied For Not Applicable
6. Name and Address of Current Registered Agent							<u> </u>
RONG LI, NAI 2352 SOUTH ST. LEESBURG, FL 34748			DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register	red agent, or both, ir	n the State of Flor	ida. I am familiar wit	h, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	tille if applicable (NOTE: Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS	-[
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAI, RONG LI 2352 S ST LEESBURG, FL 34748					0637490 -06063-010	150 00

02/26/07-80062-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

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NAI ROUG L

2/7/07

352-326-9888