## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AN
Secretary of State

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1 Entity Name

HONG KONG SUPER BUFFET AT MELBOURNE, INC.



Principal Place of Business

1795 W NEW HAVEN AVENUE MELBOURNE, FL 32904 Mailing Address

1795 W NEW HAVEN AVENUE MELBOURNE, FL 32904



04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 81-0610123 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, SONG 1795 W NEW HAVEN AVENUE MELBOURNE, FL 32904

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	sicing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	11/21/11/11 11/11/11/11	HERE PERSONS TEXTER REMARKS AND THE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, SONG 1795 W. NEW HAVEN AVE. MELBOURNE, FL 32904			05/16/08-80030-0061158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,		
TITLE MAME STREET ADDRESS CITY-ST-ZIP		j	DO	NOT WRITE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			IN T	THIS SPACE
TITLE NAME STREET ADDRESS		,,,		

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, 4-22-

Daytime Phone #