

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000057192

1. Entity Name
SUPER BUFFET CLEARWATER, INC.



Principal Place of Business
11227 PARK BLVD. NORTH
NORTH SEMINOLE, FL 33772

Mailing Address
11227 PARK BLVD. NORTH
NORTH SEMINOLE, FL 33772



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-0206327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIU, BI DUAN
11227 PARK BLVD. NORTH
NORTH SEMINOLE, FL 33772

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IN THIS SPACE**

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

X Liu Bi Duan

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIU, BI DUAN
STREET ADDRESS	11227 PARK BLVD
CITY-ST-ZIP	NORTH SEMINOLE, FL 33772
TITLE	VP
NAME	LAU, HANNY K
STREET ADDRESS	11227 PARK BLVD
CITY-ST-ZIP	NORTH SEMINOLE, FL 33772
TITLE	TR
NAME	LIU, JIN GUO
STREET ADDRESS	11227 PARK BLVD
CITY-ST-ZIP	NORTH SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/07-80006-012 150.00

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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: *X Liu Bi Duan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #