


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-15-2007 90028 050 ***150.00

DOCUMENT # P04000015992

1. Entity Name
GOLDEN PANDA BUFFET INC.



Principal Place of Business
**37915 EILAND BLVD.
 ZEPHYRHILLS, FL 33542**

Mailing Address
**37915 EILAND BLVD.
 ZEPHYRHILLS, FL 33542**

66007086



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02252007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0657129

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**YANG, MINDUAN
 5650 MARIE DR.
 ZEPHYRHILLS, FL 33541**

7. Name and Address of New Registered Agent
 Name **CHUN LE YANG**
 Street Address (P.O. Box Number is Not Acceptable)
37915 EILAND BLVD
 City **ZEPHYRHILLS** FL Zip Code **33542**

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 Chun Le Yang* DATE *3/15/07*
Signature, typed or printed name of registered agent, and state if applicable. (NOTE: Registered Agent signature required when resigning)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YANG, MINDUAN 5650 MARIE DR. ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. YANG, CHUN LE 37915 EILAND BLVD ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YANG, ZHAO Y 5650 MARIE DR. ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Chun Le Yang* Date *3/13/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #