
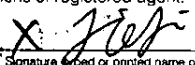



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90044 044 ***150.00

DOCUMENT # P04000085177															
1. Entity Name CHINA FIRST BUFFET AT TAMPA, INC.															
Principal Place of Business 2811 E. FOWLER AVE TAMPA, FL 33612 US			Mailing Address 2811 E. FOWLER AVE TAMPA, FL 33612 US												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip		Country		Zip											
6. Name and Address of Current Registered Agent LIN, JING 2811 E FOWLER AVE TAMPA, FL 33620		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name LIN, JIE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2811 E. FOWLER AVE</td> </tr> <tr> <td style="padding: 2px;">City TAMPA</td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">State FL</td> <td style="padding: 2px;">Zip Code 33620</td> </tr> </table> </td> </tr> </table>				Name LIN, JIE		Street Address (P.O. Box Number is Not Acceptable)		2811 E. FOWLER AVE		City TAMPA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">State FL</td> <td style="padding: 2px;">Zip Code 33620</td> </tr> </table>	State FL	Zip Code 33620
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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:  DATE _____															
(NOTE: Registered Agent signature required when reinstating)															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11												
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	LIN, JING		NAME	LIN, JIE											
STREET ADDRESS	2811 E. FOWLER AVE		STREET ADDRESS	2811 E. FOWLER AVE											
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	TAMPA, FL 33612											
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	LIN, NA		NAME												
STREET ADDRESS	2811 E. FOWLER AVE		STREET ADDRESS												
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP												
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STREET ADDRESS			STREET ADDRESS												
CITY-ST-ZIP			CITY-ST-ZIP												
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: 															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____												