

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000111060	
1. Entity Name GRAND BUFFET LIN INC.	

Principal Place of Business 650-1 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	Mailing Address 650-1 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1668449	Applied For ☐ No: Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIN, XIN CHANG 650-1 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411

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8. The above named entity submit to 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 _____
Signature, typed or printed name of registered agent and agent's address (NOTE: Registered Agent signature required when initial filing) 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
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10. OFFICERS AND DIRECTORS	
NAME LIN, XIN CHANG	
STREET ADDRESS 650-1 ROYAL PALM BEACH BLVD	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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05/22/07-80069-016 150.00

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 to 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 807, 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 [Signature]* **April 29, 07** **661-784-9902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone