## FOR PROFIT CORPORATION

## FILED Jan 14, 2008 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)						Secretary of State			
DOCUMENT # P04000134284  1. Entity Name						01-14-2008 90112 004 **	**15	0.00	
NEW CHINA BUFFET	OF ROCKLEDGE	INC.		-	ı	,			
DO NOT WRITE IN THIS SPACE									
2. Principal Place of 1628 FISKE BLVD	Business	3. Mailing Address	3. Mailing Address			40003900			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State ROCKLEDGE, FL		City & State				FEI Number 1678398	Applied For Not Applicable		
Zip 32955	Country	Zip	CoL	untry		Certificate of Status Desired	<del></del> ;	\$8.75 Additional Fee Required	
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	entity submits this		e of cha	ROCKLED	GE renistere	<u> </u>	both	32955 n. in the	
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									
						Agent signature required when reinstating	3)	DATE	
January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State					9.	Election Campaign Financing Trust Fund Contribution.	•	\$5.00 May Be Added to Fees	
10.	OFFICERS	AND DIRECTORS	11.						
	PRESIDENT CHAO YING LI		TITL	LENG HOLL	aday 160 Saday 169	angis junia garang sakan akan pelangan ang sakan s Sakan Salah Sa			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.									
IN MAD LICE									
SIGNATURE: SIGNA	ATI IRE AND TYPED	OR PRINTED NAME OF SIC	GNING (	OFFICER OF	R DIREC	CTOR Date Da	vtime	e Phone #	
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