

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P04000134284	
1. Entity Name	
NEW CHINA BUFFET OF ROCKLEDGE INC.	

FILED
09 FEB -4 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1628 FISKE BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROCKLEDGE, FL		City & State	
Zip 32955	Country	Zip	Country

400141895304
01/23/09--01054--006 **150.00

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						Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
				7. Name and Address of Current Registered Agent		
				Name CHAO YING LI		
				Street Address (P.O. Box Number is Not Acceptable) 1628 FISK BLVD		
				City ROCKLEDGE FL Zip Code 32955		

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHAO YING LI 1628 FISK BLVD ROCKLEDGE, FL 32955			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M214			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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.

SIGNATURE:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #