

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
 5/ May 31, 2005 8:00 am  
 Secretary of State

05-02-2005 90527 043 \*\*\*150.00

DOCUMENT # P04000151690  
 1. Entity Name  
 SUPER ORIENT CAFE, INCORPORATED



Principal Place of Business  
 691 E ALTAMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32701

Mailing Address  
 691 E ALTAMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32701

66019822



2. Principal Place of Business  
 4525 S. SEMORON BLVD  
 Suite, Apt. #, etc.

3. Mailing Address  
 4525 S. SEMORON BLVD  
 Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State  
 ORLANDO, FL

City & State  
 ORLANDO, FL

Zip  
 32822

Country

4. FEI Number  
 20-1841476

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ZHANG, ZU JIN  
 691 E ALTAMONTE DRIVE  
 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent  
 Name  
 ZHANG, ZU JIN  
 Street Address (P.O. Box Number is Not Acceptable)  
 4525 S. SEMORON BLVD  
 City  
 ORLANDO FL Zip Code  
 32822

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: APR 29/2005

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZHANG, ZU JIN 691 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YUN, ZHENG 691 E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D ZHANG, ZU JIN 4525 S. SEMORON BLVD ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZHENG, YUN 4525 S. SEMORON BLVD ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 4-29-05 DAYTIME PHONE #: 407-380-5583