2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000155283

1. Entity Name

HONG KONG BUFFET OF ORLANDO, INC.



Mailing Address

Principal Place of Business 10663 E COLONIAL DR ORLANDO, FL 32817

10663 E COLONIAL DR ORLANDO, FL 32817

FILED Feb 06, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1879333 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEUNG, KEI 10663 E COLONIAL DR ORLANDO, FL 32817

DO NOT WRITE IN THIS SPACE

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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS		entral extension that the author which is
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEUNG, KEI 10800 GLEN COVE CR - APT 302 ORLANDO, FL 32817			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SAU WAN 10800 GLEN COVE CR - APT 302 ORLANDO, FL 32817			U00000815548 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHANG, PING 10800 GLEN COVE CIR 302 ORLANDO, FL 32817			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08

Daytime Phone #