

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State


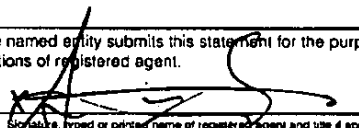
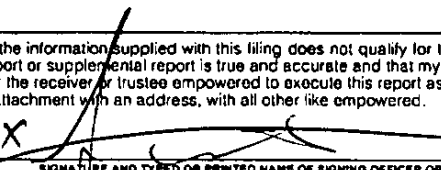
03-08-2007 90015 013 ***150.00

03-29-2007 90027 001 ***150.00

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02212007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000086115					
1. Entity Name SHANGHAI CHINA BUFFET, INC.					
Principal Place of Business 3435 WEDGEWOOD LANE THE VILLAGES, FL 32162 US			Mailing Address 16254 SE 92ND AVE. SUMMERFIELD, FL 34491 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O 136 BOWERY STE 203			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NEW YORK, NY			
Zip	Country	Zip	Country	4. FEI Number 20-3001407	
10013				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZHANG, DEAN 16254 SE 92ND AVE. SUMMERFIELD, FL 34491			7. Name and Address of New Registered Agent Name JUN ZHEN ZHANG Street Address (P.O. Box Number is Not Acceptable) 3435 WEDGEWOOD LANE City THE VILLAGES FL Zip Code 32162		
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 2/27/07 <small>(NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$950.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANG, HUI ZHEN 3435 WEDGEWOOD LANE THE VILLAGES, FL 32162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUN ZHEN ZHANG VD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3435 WEDGEWOOD LANE THE VILLAGES, FL 32162		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZHANG, LONG X 3435 WEDGEWOOD LANE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  DATE _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					