2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90067 003 ***150.00

PROJECT PROJECT TO STATE A STA	1. Entity Nam	MENT # POOUUUZ. OKERY BUFFET, INC.)))			02-23-2006	<i>9</i> 000 <i>1</i> 00.	, 130	7.00
**************************************	Principal Place	e of Business	Mailing Address	Mailing Address					
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Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-P	CR2E034	l (12/06)	
Security	City & State		City & State			=			
North PORT, FL 34287 Since Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	Country				8.75 Add	itional
Signal Bull AL LANE NORTH PORT, FL 34287 8. The above named entry submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, probably in the State of Florida. Lam familiar with, and accept the obligations or registered agent, or both, in the State of Florida. Lam familiar with, and accept the Acceptable in the State of Florida. Lam familiar with, and accept the Acceptable in the State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with, and accept the Acceptable in the Indianal State of Florida. Lam familiar with and accept the Acceptable in the Indianal State of Florida. Lam familiar	6. Name and Address of Current Reg		t Registered Agent		7. Name and	Address of New F	Registered Ag	ent	
Since t Address (P. O. Box Number is Not Acceptable) City FL Zio Code	DONG YI	AN 7		Name	Name				
City FL Zo Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 Part P	3904 BULA	A LANE	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signatu									
THE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE PONG, XIAN Z 3904 BULA LANE NAME NORTH PORT, FL 34287 ITIE VP DONG, CHUN LI 3904 BULA LANE NORTH PORT, FL 34287 ITIE NAME SIREH AUDRESS OITY-ST-2P IT				City			FL	Zip Code)
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12. I have because the the information curpolled with this filing does not qualify to the exemptions contained in Chanter 119. Florida Statutes. I further certify that the information									
12. Thereby certify that the information supplied with this illing does not qualify for the exercising the property of the 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.	42 hazaba.	certify that the information supplied wi	th this filing does not qualify	tor the exemptions contain	ined in Chapter 11	9. Florida Statutes	further certify	y that the ir	nformation

Date

Daytima Phone #