2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90041 031 ***150.00

DOCUMENT# P06000059171

1. EntityName
ORLANDONEWCHINABUFFET,INCORPORATED

PrincipalPlaceofBusiness	MailingAddress
2845 SOUTH ORANGE AVENUE SUITE 180 ORLANDO, FL 32806	2845 SOUTH ORANGE AVENUE SUITE 180 ORLANDO, FL 32806

01112008 Chg-P CR2E034(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 20-4802515 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
CHEN,BENAN 2845SOUTHORANGEAVENUE #180 ORLANDO,FL32806	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHEN,BENAN		NAME		
STREETADDRESS	2845SOUTHORANGEAVENUE,#180		STREETADDRESS		
CITY-ST-ZIP	ORLANDO,FL32806		CITY-ST-ZIP		
TITLE	TSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHEN,JERRY		NAME		
STREETADDRESS	2845SOUTHORANGEAVENUE,#180		STREETADDRESS		
CITY-ST-ZIP	ORLANDO,FL32806		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: ______________________ 4/14/08 4073168089
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#