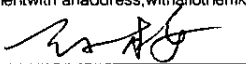


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90041 031 ***150.00

DOCUMENT# P06000059171 1. EntityName ORLANDONEWCHINABUFFET, INCORPORATED					
PrincipalPlaceofBusiness 2845 SOUTH ORANGE AVENUE SUITE 180 ORLANDO, FL 32806			MailingAddress 2845 SOUTH ORANGE AVENUE SUITE 180 ORLANDO, FL 32806		
2. PrincipalPlaceofBusiness - No P.O.Box#		3. MailingAddress			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City&State		City&State		4. FEINumber 20-4802515	
Zip		Country		5. CertificateofStatusDesired ☐ \$8.75 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent CHEN, BENAN 2845 SOUTH ORANGE AVENUE #180 ORLANDO, FL 32806			7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O. Box Number is Not Acceptable) City FL ZipCode		
8. The abovenamed 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 obligation of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required whenever instating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 CHEN, BENAN 2845 SOUTH ORANGE AVENUE, #180 ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD CHEN, JERRY 2845 SOUTH ORANGE AVENUE, #180 ORLANDO, FL 32806	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: 		4/14/08		4073168089	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone#	