

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90020 002 \*\*\*150.00

<b>DOCUMENT #</b>	P06000067846
<b>1. Entity Name</b>	
NEW CHINA BUFFET INC	

**DO NOT WRITE IN THIS SPACE**

40023149

<b>2. Principal Place of Business</b> 1800 S HIGHWAY 77 STE 500 Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.	
<b>City &amp; State</b> LYNN HAVEN, FL		<b>City &amp; State</b>	
<b>Zip</b> 32444	<b>Country</b>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-4886728		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <b>FANG CHAN</b> <b>1800 S HWY 77 500</b> <b>LYNN HAVEN FL 32444</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*X Fang Chan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-07

Date

Daytime Phone #