

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90036 025 ***150.00

DOCUMENT # P06000069390

1. Entity Name
CHINA GARDEN BUFFET, INC.



Principal Place of Business Mailing Address
870 SOUTH FEDERAL HWY STORE #34 **870 SOUTH FEDERAL HWY STORE #34**
STUART, FL 34994 **STUART, FL 34994**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

06222007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-5457806

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZHANG, JIAN Z
870 SOUTH FEDERAL HWY STORE #34
STUART, FL 34994

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 and, in so doing, it certifies that it is familiar with, and accepts the obligations of, registered agent.

SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Entity Owns or Controls and
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P Zhang, Jian Z 870 S Federal Highway, #34 Stuart, FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this form does not conflict with the information contained in Chapter 114, Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that no supplemental report shall have the same legal effect as a made under Chapter 114, Florida Statutes, and that my name appears in Block Four or Block Five, changed, or on an attachment with an address, and all other necessary documents.

SIGNATURE: **X JIAN ZHEN ZHANG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/07