

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90071 023 ***150.00

DOCUMENT # P06000092959

1. Entity Name

DRAGON GOURMET BUFFET, INC.

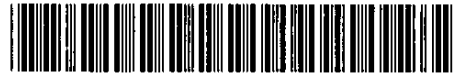


Principal Place of Business

**1091 S UNIVERSITY DR
PLANTATION FL 33324**

Mailing Address

**7140 SUNSET STRIP
SUNRISE FL 33313**



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

3. Mailing Address

1091 S UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PLANTATION

City & State

City & State

FL 33324

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-5201684

Applied For

Not Applicable

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

**QIU, MEI JIN
7140 SUNSET STRIP
SUNRISE FL 33313**

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	QIU, MEI JIN	
STREET ADDRESS	7140 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LIN, ZHU	
STREET ADDRESS	7140 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/08