

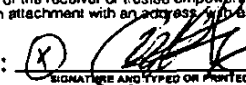
2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

2/23/2007-90027-028-\$61.25-\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000116244					
1. Entity Name PANDA BISTRO, INCORPORATED					
Principal Place of Business 12014 EAST COLONIAL DRIVE SUITE 190 ORLANDO, FL 32826			Mailing Address 12014 EAST COLONIAL DRIVE SUITE 190 ORLANDO, FL 32826		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5509614	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZHOU, LIN 12014 EAST COLONIAL DRIVE SUITE 190 ORLANDO, FL 32826				7. Name and Address of New 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 renewing) DATE _____					
Amended AR is \$61.25		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 ZHOU, LIN 12014 EAST COLONIAL DRIVE, SUITE 190 ORLANDO, FL 32826 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. LI, CHAO MEI 12014 E. COLONIAL DRIVE, #190 ORLANDO, FL 32826 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZHOU, QIU RONG 12014 EAST COLONIAL DRIVE, SUITE 190 ORLANDO, FL 32826 ☐ 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		
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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 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: 		2-20-2007 407-324-6688 Date Daytime Phone #			

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