

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

**FILED
Feb 22, 2007 8:00 am
Secretary of State**

02-22-2007 90019 038 ***150.00

DOCUMENT # P06000145669
1. Entity Name
CHINA BUFFET RONG CHENG INC

DO NOT WRITE IN THIS SPACE

60017887

2. Principal Place of Business 113 S DEANE DUFF AVE STE A	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CLEWISTON, FL	City & State
Zip 33440	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5926414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JING YONG XUE 113 S DEANE DUFF AVE STE A CLEWISTON, FL 33440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Jing Yong Xue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/20/07 863-983-3889