

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

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 019 ***150.00

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

DO NOT WRITE IN THIS SPACE

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	Zip	Country

40012474

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5926414		Applied For	
		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 JING YONG XUE	
		Street Address (P.O. Box Number is Not Acceptable) 113 S DEANE DUFF AVE STE A	
		City CLEWISTON	FL

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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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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: Xue Jingyong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #