

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

04-23-2008 90011 030 ***150.00

DOCUMENT # P07000014216 1. Entity Name KINGDOM BUFFET INC.					
Principal Place of Business 5100 S CLEVELAND AVE STE 401 FORT MYERS, FL 33907 US			Mailing Address C/O 136 BOWERY SUITE 203 NEW YORK, NY 10013 US		
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 20-8354141	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZHENG, YI F 5100 S CLEVELAND AVE STE 401 FORT MYERS, FL 33907			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P ZHENG, YI F 5100 S CLEVELAND AVE STE 401 FORT MYERS, FL 33907	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE	☐ 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: <u>Xi Feng ZHENG</u> 5/29/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66013500



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