

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000092201

1. Entity Name  
TORO SEAFOOD BUFFET, INC.



FILED

08 JUN 23 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7403 S ORANGE BLOSSOM TRL  
ORLANDO, FL 32809

Mailing Address  
7403 S ORANGE BLOSSOM TRL  
ORLANDO, FL 32809

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06172008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

26-0753674

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHI, BAO NI  
7403 S ORANGE BLOSSOM TRL  
ORLANDO, FL 32809

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

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 P  
NAME NI, CAI BAO  
STREET ADDRESS 416 S.W. 34TH TERRACE  
CITY-ST-ZIP PALM CITY, FL 34990

☐ Delete

TITLE TS  
NAME CHEN, XUE MEI  
STREET ADDRESS 7403 S. ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP ORLANDO, FL 32809

☐ Change

☒ Addition

TITLE TS  
NAME SUN, AIMING  
STREET ADDRESS 7403 S ORANGE BLOSSOM TRL  
CITY-ST-ZIP ORLANDO, FL 32809

☒ 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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-08

Date

407-856-6758

Daytime Phone #

20.6/24