

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90261 032 \*\*\*150.00

<b>DOCUMENT # P97000033638</b> 1. Entity Name <b>BUFFALO RESTAURANT, INC.</b>			
Principal Place of Business <b>1001 LAUREL LEAF LN APT. B FT PIERCE, FL 34950 US</b>		Mailing Address <b>1001 LAUREL LEAF LN APT. B FT PIERCE, FL 34950 US</b>	
2. Principal Place of Business <b>1601 LAUREL LEAF</b> Suite, Apt. #, etc. <b>LANE APT B</b> City & State <b>FT PIERCE FL</b> Zip <b>34950</b> Country <b>USA</b>		3. Mailing Address <b>1601 LAUREL LEAF</b> Suite, Apt. #, etc. <b>LN APT B</b> City & State <b>FT PIERCE FL</b> Zip <b>34950</b> Country <b>USA</b>	
4. FEI Number <b>59-3439378</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUNG, FU-TIEN 1901 S US 1 FT PIERCE, FL 34950	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Hue Jien Hung</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-14-05</u> Daytime Phone # _____	