

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90069 010 \*\*\*158.75

**DOCUMENT # P97000058785**

1. Entity Name  
**CHINA SUPER BUFFET INC.**



Principal Place of Business  
**2698 N. MONROE ST.**  
**TALLAHASSEE, FL 32303 US**

Mailing Address  
**C/O CAAT, INC**  
**17 E. BROADWAY #204**  
**NEW YORK, NY 10002 US**

**60010917**



2. Principal Place of Business  
**2698 N. MONROE ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**CAAT, INC**  
Suite, Apt. #, etc.  
**17 E. BROADWAY #204**

01152006 Chg-P CR2E034 (11/05)

City & State  
**TALLAHASSEE FL**  
Zip  
**32303** Country  
**US**

City & State  
**NEW YORK NY**  
Zip  
**10002** Country  
**US**

4. FEI Number  
**59-3457346** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ZHENG, CHANG BIAO**  
**2698 N. MONROE ST.**  
**TALLAHASSEE, FL 32303**

## 7. Name and Address of New Registered Agent

Name  
**SU YING DONG**  
Street Address (P.O. Box Number is Not Acceptable)  
**2698 N. MONROE ST**  
City  
**TALLAHASSEE** FL Zip Code  
**32303**

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 **(X) [Signature]**

**SU YING DONG**

**1/6/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST**  
**ZHENG, CHENG BIAO** ☒ Delete  
**2698 N. MONROE ST.**  
**TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST**  
**SU YING DONG** ☒ Change ☐ Addition  
**2698 N. MONROE ST.**  
**TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: **(X) [Signature]**

**SU YING DONG**

**1/6/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #