2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # P97000102182** C.B. CHINA BUFFET, INC. Principal Place of Business Mailing Address 1245 E. FOWLER AVE. 1245 E. FOWLER AVE. TAMPA, FL 33612 TAMPA, FL 33612 03302004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3480764 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHEN, WEN DO NOT WRITE 1245 É FOWLER AVE. TAMPA, FL 33612 IN THIS SPACE 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. οV (NDTE: Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RAME CHEN, WEN STREET ADDRESS 1245 E FOWLER AVE 04/09/04 -80020 -021 150.00 CITY-ST-ZIP TAMPA, FL 33612 TITLE NAME ZHENG, SHI SI STREET ADDRESS 11740 14 TH ST N TAMPA, FL 33612 CITY-ST-7IP TITLE NAME ZHENG, QI FENG STREET ADDRESS 11740 14TH ST N. DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33612 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1 /04

FILED