

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90059 006 ***150.00

DOCUMENT # P98000060726

1. Entity Name
MAIN MOON BUFFET INC.



Principal Place of Business

**18423 S DIXIE HWY
SOUTH DADE PLAZA
MIAMI, FL 33157**

Mailing Address

**C/O ROY HUNG 70 BOWERY LOWER LEVEL
28
NEW YORK, NY 10013 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0903720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUO, JIAN RUI
18423 S DIXIE HWY
SOUTH DADE PLAZA
MIAMI, FL 33157**

**DO NOT WRITE
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.

SIGNATURE

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GUO, JIAN RUI
STREET ADDRESS 18423 S DIXIE HWY, SOUTH DADE PLAZA
CITY-ST-ZIP MIAMI, FL 33157

TITLE VP
NAME KNOK, KIA T
STREET ADDRESS 18423 S. DIXIE HWY. SOUTH DADE PLAZA
CITY-ST-ZIP MIAMI, FL 33157

TITLE S
NAME GUO, QI H
STREET ADDRESS 18423 S. DIXIE HWY. SOUTH DADE PLAZA
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #