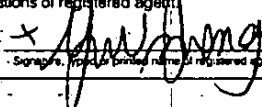
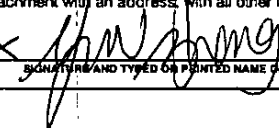


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-16-2005 90046 025 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000085484		
1. Entity Name CHINA FIRST BUFFET OF ALTAMONTE SPRINGS, INC		
Principal Place of Business 539 N MILLS AVE. ORLANDO, FL 32803		Mailing Address 539 N MILLS AVE. ORLANDO, FL 32803
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZHENG, YUN 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701		66005617  02092005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3534826 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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:  (NOTE: Registered Agent signature required when re-registering) DATE: _____		DO NOT WRITE IN THIS SPACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZHENG, YUN 539 N MILLS AVE. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZHAO, ZHANG XING 539 N MILLS AVE. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-11-05 Date Daytime Phone #