## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2006 8:00 am Secretary of State

☐ Change

Daytime Phone #

☐ Addition

DOCUMENT # P98000085484  1. Entity Name CHINA FIRST BUFFET OF ALTAMONTE SPRINGS, INC					03-13-2006	90054 04	¦9 ***15	0.00
Principal Plac	a of Business	Mailing Address		<u> </u>				
1		539 N MILLS AVE.		-				
539 N MILLS AVE. 539 N MILLS AVE. ORLANDO, FL 32803 ORLANDO, FL 32803								
OKE/MDO, T	2 32003	ONLINEO, IL SEGGO						
					17167 ISIN 8714 BSIN 881	<b>?  </b>   <b>?</b>		
2. Principal Place of Business G91 E Altamonte Dr. 3. Mailing Address								
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E03	4 (11/05)	
City & State City & State				4. FEI Numbe	37	•	Ap	plied For
Altamonte springs, FL				59-353	4826		No	t Applicable
2ip 2270	Coluntry J	Zip	Country	5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and	Address of New R	egistered A	gent	
Nam								
ZHENG, YUN				Street Address (P.O. Box Number is Not Acceptable)				
691E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701			Giredia	ddicas (i .O. Box Hairibe		•1		
7.217.1170.1172.01.71.11700; 7.2.701								
			City			FL	Zip Code	9
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 alle 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 Campaig Trust Fund Contri				\$5.00 May Be Added to Fees				,
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITLE				Change	☐ Addition
NAME	ZHENG, YUN		NAME	691E Alta	so to D	_	·	
STREET ADDRESS	539 N MILLS AVE.		STREET ADDRESS	691 E Alta	monce v	·/	٠.	1
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Altamonte	Springs	.FL.	32/2	<u>/</u>
TITLE	<u></u>	☐ Delete	TITLE		, ,		Change	Addition
NAME	ZHAO, ZHANG XING		NAME	MAR ALL	+ 6	20		
STREET ADDRESS CITY-ST-ZIP	539 N MILLS AVE.		STREET ADDRESS CITY-ST-ZIP	GIE Altai	nonce	· · · · · · · · · · · · · · · · · · ·	, \	
	ORLANDO, FL 32803			Altamon	te Spri	nez,	<u>FL 3</u>	2/8/
THILE		☐ Delete	TITLE		•	J	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CHY-ST-ZIP			CITY-SI-ZIP					
ļ .							Chagan	1 Addition
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
,,,,,,		- Delete					C.Mingo	

12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Delete

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME