

**2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90017 006 \*\*\*550.00



DOCUMENT # **P99000086568**

1. Entity Name  
**HONG KONG SUPER BUFFET, INC**

Principal Place of Business  
**1795 W NEW HAVEN AVE  
MELBOURNE FL 32904**

Mailing Address  
**1795 W NEW HAVEN AVE  
MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3606805**

Approved For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZHENG, BRIAN  
1795 W NEW HAVEN AVE  
MELBOURNE FL 32904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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 re-instating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2004 Fee will be \$750.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE  Delete  
NAME **ZHENG, BRIAN**  
STREET ADDRESS **1795 W NEW HAVEN AVE**  
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Add  
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, 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

DATE

*4-10-04*

CR21034 (4/03)