

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

STATE PYMT 150.00 UNIT # 40002  
 REPORT # 985009 GL# 7910

**FILED** DATE  
**Feb 09 2004 08:00 AM**  
 Secretary of State

DOCUMENT # P35378  
 1. Entity Name  
 PANDA EXPRESS, INC.



Principal Place of Business      Mailing Address  
 1683 WALNUT GROVE AVE      1683 WALNUT GROVE AVE  
 ROSEMEAD, CA 91770 US      ROSEMEAD, CA 91770 US

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4318504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	D CHERNG, ANDREW 2040 ASHBOURNE DRIVE S PASADENA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHERNG, PEGGY 2040 ASHBOURNE DRIVE S PASADENA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THEUER, JOHN F 6208 W 77TH STREET LOS ANGELES, CA 90045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHENG, IRENE 813 SUMMIT DRIVE S. PASADENA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILKINSON, R. MICHAEL 8351 TURNBERRY CIR HUNTINGTON BCH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIU, STANLEY N. 1188 E RUBIO STREET ALTADENA, CA 91001

U00000043221  
 02/10/04-80056-004 150.00

**DO NOT WRITE 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_