

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90073 032 ***150.00

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DOCUMENT # P35378

1. Entity Name
PANDA EXPRESS, INC.



Principal Place of Business
**899 EL CENTRO ST
SOUTH PASADENA CA 91030
US**

Mailing Address
**899 EL CENTRO ST
SOUTH PASADENA CA 2A
US**



2. Principal Place of Business
1683 Walnut Grove Ave.

3. Mailing Address
1683 Walnut Grove Ave.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Rosemead, CA

City & State
Rosemead, CA

Zip
91770

Country
USA

4. FEI Number
95-4318504

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHERNG, PEGGY 2040 ASHBOURNE DRIVE S PASADENA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THEUER, JOHN F 6208 W 77TH STREET LOS ANGELES CA 90045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHENG, IRENE 813 SUMMIT DRIVE S. PASADENA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILKINSON, R. MICHAEL 6351 TURNBERRY CIR HUNTINGTON BCH CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIU, STANLEY N. 1188 E RUBIO STREET ALTADENA CA 91001	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/03 (626) 799-9898

Date Daytime Phone #

CR2E034 (4/03)

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