2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with

SIGNATURE

all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P01000115843 04-25-2005 90214 032 ***150.00 GOLDEN WOK, INC OF LAKE BUNA VISTA Principal Place of Business Mailing Address 11981 S APOPKA VINELAND RD, STE B4 11263 KIMMY LN 20042819 ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number City & State 59-3759289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WANG, SAM Street Address (P.O. Box Number is Not Acceptable) 961 OXFORD DR. DAVENPORT FL 33839 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 (NOTE, Registered Agent signature required when reinstating) nd title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition | ☐ Delete WANG, SAM STREET ADDRESS 961 OXFORD DR STREET ADDRESS **DAVENPORT FL 33839** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition WANG, SHENG Y NAME NAME STREET ADDRESS 8003 SPRING CREEK DR STREET ADDRESS KISSIMMEE FL 34747 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE KUNG, SHIAN JIAN NAME STREET ADDRESS 16204 MAGNOLIA HILL ST STREET ADDRESS CITY-ST-7(P CITY-ST-7IP CLERMONT FL 34711 THE ☐ Detete TITLE ☐ Change ☐ Addition LO, WENG K NAME NAME STREET ADDRESS 14188 SERENA LAKE DR STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE □ Change Addition WU, YIN YI NAME NAME 253 PURSLANE PASS STREET ADDRESS STREET ADDRESS **DAVENPORT FL 33897** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS 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

FILED