


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000027990

1. Entity Name
A&K WONG, INC.



Principal Place of Business Mailing Address

**220 NORTH CONGRESS AVENUE
BOYNTON BEACH, FL 33426** **7798 STIRLING BRIDGE BLVD SOUTH
DELRAY BEACH, FL 33446**



DO NOT WRITE IN THIS SPACE

02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4242812 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WONG, YU CHUAN
7798 STIRLING BRIDGE BLVD SOUTH
DELRAY BEACH, FL 33446**

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, 2005 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	PSD WONG, ANDY 7798 STIRLING BRIDGE BLVD SOUTH DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WONG, YU CHUAN 7798 STIRLING BRIDGE BLVD SOUTH DELRAY BEACH, FL 33446
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE: Yu Chuan Wong Date: 3/15/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #