

FILED  
Apr 30, 2007 08:00 AM  
Secretary of State

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # J65576

1. Entity Name  
MAGIC WOK INTERNATIONAL, INC.



Principal Place of Business  
3421 N LAKEVIEW DRIVE  
SUITE 168  
TAMPA, FL 33618 US

Mailing Address  
3421 N LAKEVIEW DRIVE  
SUITE 168  
TAMPA, FL 33618 US



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2853661

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WU, DONG JUNG  
3421 N LAKEVIEW DRIVE  
SUITE 168  
TAMPA, FL 33618

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

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME WU, DON JUNG (DONALD WU)  
STREET ADDRESS 3421 N LAKEVIEW DRIVE SUITE 168  
CITY-ST-ZIP TAMPA, FL 33618

TITLE D  
NAME WU, TONG HUI  
STREET ADDRESS 3421 N LAKEVIEW DRIVE SUITE 168  
CITY-ST-ZIP TAMPA, FL 33618

TITLE D  
NAME CHANG, KAN CHUNG  
STREET ADDRESS 3421 N LAKEVIEW DRIVE SUITE 168  
CITY-ST-ZIP TAMPA, FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000749629  
05/18/07-80031-007 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-07 P/S-285-395