2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000028516

1. Entity Name
NEW CHINA WOK, INC.

Principal Place of Business	Mailing Address
2160 HOWLAND BLVD SE 100 DELTON A, FL 32738	C/O 136 BOWERY SUITE 203 NEW YORK, NY 10013

DO NOT WRITE IN THIS SPACE

02092004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3633230	Applied For
	Not Applicable

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

6. **Name and Address of Current Registered Agent**

ZHANG, HONG LIN
2160 HOWLAND BLVD SE 100
DELTONA, FL 32738

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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 *Hon Lin Zun*   2/12/04

Signature, typed or printed 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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000052561 02/16/04-80036-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ZHANG, HONG LIN
STREET ADDRESS	2160 HOWLAND BLVD STE 100
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: *Hon Lin Zhen*   2/14/04

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