2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2005 8:00 am Secretary of State DOCUMENT # P00000081215 03-23-2005 90034 037 ***150.00 KING'S WOK CHINESE RESTAURANT INC. Principal Place of Business Mailing Address 45 N INDIANA AVE C/O 136 BOWERY ENGLEWOOD, FL 34229 **STE 203** NEW YORK, NY 10013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1077601 Not Applicable Zio Country 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 LILL, XIAO YING CHAN, HUNG LIANG Street Address (P.O. Box Number is Not Acceptable) 45 N INDIANA AVE ENGLEWOOD, FL 34229 INDIANA AVE ENGLEWOOD 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. (NOTE: Registered Agent signature req DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Addition YUNG LIU, XIAO XIAD YING LIV NAME 45 N INDIANA AVE 45 N INDIANA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34229 CITY-ST-ZIP ENGLEWOOD, FL 34223 ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

PRES.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone