2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 10, 2004 08:00 AM DOCUMENT # P02000019034 **Secretary of State** W AND K RESTAURANT COMPANY Principal Place of Business Mailing Address 3680 N ATLANTIC AVE COCOA BEACH FL 32931 3680 N ATLANTIC AVE COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 01-0621474 Not Applicable Zio Country Ζip 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, FU CHUN Street Address (P.O. Box Number is Not Acceptable) 3680 N ATLANTIC AVE COCOA BEACH FL 32931 Zip Code City 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 required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. ☐ Change TITLE ☐ Oelete TITLE Addition NAME WANG, FU CHUN NAME 000000083389 STREET ADDRESS 322 KENT DR. STREET ADDRESS 03/10/04-80037-012 150.00 COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-ZIP ☐ Delete 7371 F ☐ Change TIRE Addition Addition 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 MARKE STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-732 ☐ Delete TRILE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TIRLE Delete THREE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. I hereby cerbiy 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

FILED

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