2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000101293

1. Entity Name
CHINA WOK OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
3830 S HIGHWAY A1A SUITE C-4 MELBOURNE BEACH, FL 32951	136 BOWERY STE 203 NEW YORK, NY 10013

03042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
68-0546665	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

NI, WEI K
3830 S HIGHWAY A1A
SUITE C-4
MELBOURNE BEACH, FL 32951

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. X *Wei Kong Ni*   3-23-07

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, 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	P
NAME	NI, WEI KONG
STREET ADDRESS	3830 S. HIGHWAY A1A STE C4
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951

TITLE	
NAME	
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CITY-ST-ZIP	

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04/02/07-80012-011 150.00

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 all other like empowered.

SIGNATURE: X *Wei Kong Ni*   3-23-07

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