2004 FOR PROFIT CORPORATION

FILED \mathbf{M}

ANNUAL REPORT				Mar 04, 2004 08:00 A			
1. Entity Name	MENT # P020001145 WOK CHINA BUFFET INC.	68			Seci	etary (of State
1410 NORTH MISSOURI AVE 1 LARGO, FL 33770 S		Mailing Address 136 BOWERY STE 203 NEW YORK, NY 10013					
DO NOT WRITE IN THIS SPA			CE.	02102004	No Chg-P	CR2E034 (10/03)
ט	O NOT WHITE	TITIO OPA	V E	4. FEI Numbe 54-208			Applied For Not Applicable
					of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent	J ,, , , , , , , , , , , , , , , , , ,			- 1910	
LIN, RONG 1410 NOR LARGO, F	TH MISSOURI AVE		_	NOT W THIS SF			
8. The above the obligati	named entity submits this statement for the ions of registered agent. Signature, typed of printed same of registered agent and	<u> </u>	red office or register		th, in the State of Flo	DATE	ar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				.00 May Be led to Fees	U00000 03/04/ <u>04</u> -	1076225 -80020-00	5 150.00
10.	OFFICERS AND DI	RECTORS	-			5.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIN, RONG 1410 NORTH MISSOURI AVE LARGO, FL 33770						•
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	· _ -
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #