

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90037 048 \*\*\*150.00

**DOCUMENT # P03000001216**

1. Entity Name  
**FT. MYERS CHINA WOK, INCORPORATED**



Principal Place of Business  
**3285 CLEVELAND AVENUE  
SUITE 10  
FT. MYERS, FL 33962**

Mailing Address  
**3285 CLEVELAND AVENUE  
SUITE 10  
FT. MYERS, FL 33962**



2. Principal Place of Business  
**3285 Cleveland Avenue  
Suite, Apt. #, etc.  
SUITE 10**

3. Mailing Address  
**3285 Cleveland Avenue  
Suite, Apt. #, etc.  
SUITE 10**

City & State  
**Ft. Myers, FL**  
Zip  
**33901** Country  
**USA**

City & State  
**Ft. Myers, FL**  
Zip  
**33901** Country  
**USA**

03032004 Chg-P CR2E034 (10/03)

4. FEI Number  
**62-0661957** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LIANG, BRIAN  
3285 CLEVELAND AVENUE  
SUITE 10  
FT. MYERS, FL 33962**

7. Name and Address of New Registered Agent

Name  
**Zi Hui Li**  
Street Address (P.O. Box Number is Not Acceptable)  
**3285 Cleveland Avenue, Ste 10**  
City  
**Ft. Myers** FL Zip Code  
**33901**

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 **Li Zi Hui** DATE **3-3-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LI, ZI HUI  
3285 CLEVELAND AVENUE, #10  
FT. MYERS, FL 33962** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Li Zi Hui** **Zi Hui Li, president** DATE **3-3-04** DAYTIME PHONE # **239-938-0028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR