



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90006 012 \*\*\*150.00

DOCUMENT # P03000022063					
1. Entity Name <b>LIN CHINA WOK INC.</b>					
Principal Place of Business <b>469 LAKE ROAD LAKE MARY, FL 32746</b>			Mailing Address <b>469 LAKE ROAD LAKE MARY, FL 32746</b>		
2. Principal Place of Business <b>2828 S McCall Rd #47</b>		3. Mailing Address <b>2828 S McCall Rd #47</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102004 Chg-P CR2E034 (10/03)	
City & State <b>Englewood FL</b>		City & State <b>Englewood FL</b>		4. FEI Number <b>51-0448898</b>	
Zip <b>34224</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CIRONG, LIN 469 LAKE ROAD LAKE MARY, FL 32746</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2828 S McCall Rd. #47</b> City <b>Englewood</b> <b>FL</b> Zip Code <b>34224</b>		
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: <u><b>CIRONG LIN</b></u> DATE: <b>2/10/04</b> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIRONG, LIN 469 LAKE ROAD LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CIRONG LIN</b> <b>2828 S McCall Rd. #47</b> <b>Englewood FL 34224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><b>CIRONG LIN</b></u>			Date: <b>2/10/04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		