2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 08:00 AN Secretary of State

ANNUAL REPURI				Secretary of Stat			
DOCUMENT # P03000059991 1. Entity Name					,	secretar	y or Star
	OK GROUP, INC.						
Principal Place		Mailing Address					
		343 N.W. 25TH STREET MIAMI, FL 33127					
J. Sec. of Lot & J.	Transfally Fig. 377	Profession by Star	企业工作业工作				
				02022008	No Chg-P	CR2E034 (11/	05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 06-169			Applied For Not Applicable
					of Status Desired	□ \$8.75 Feø Red	Additional
CHE TOTAL	6. Name and Address of Current Re						
TAN, PEN 343 N.W. 2	G 25TH STREET			DO.	NOT W	/RITE	
MIAMI, FL	33127			IN.	HISSI	PACE	
R. The above	named entity submits this statement for th	e purpose of changing its register	ed office or register	red agent, or bo	h, in the State of F	lorida. I am familiar	with, and accept
the obligat	ions of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agnature)				d when reinstating)		DATE	-
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS			CHAPTER.		
TITLE NAME	PD MENG, JINXIA						特的問
STREET ADDRESS CITY-ST-ZIP	343 NW 25TH STREET MIAMI, FL 33127						
TITLE NAME					04//09/08	"白海性动物排尿剂"	150:00
STREET ADDRESS CITY-ST-ZIP		***					
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE	
TITLE NAME					THIS S	PACE	
STREET ADDRESS CITY-ST-ZIP						VRITE PACE	
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS		•		CHIPPAP Carried			

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.

CIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIDER OR DIRECTOR

3/22/08

Daytime Phone #