2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 08:00 AM DOCUMENT # P03000079341 **Secretary of State** 1. Entity Name HOT WOK INC Principal Place of Business Mailing Address 3535 SE MARICAMP ROAD 3535 SE MARICAMP ROAD SUITE #900 OCALA FL 34470 US SUITE #900 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 74-3100692 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TSENG, AI H Street Address (P.O. Box Number is Not Acceptable) 1110 NE 22ND AVENUE OCALA FL 34470 Zip Code 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 Signature, typad or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE THE ☐ Change ☐ Addition Delete U000000271010 TSENG, AIH NAME 03/21/05-80030-015 **150.0**0 STREET ADDRESS 1110 NE 22ND AVENUE STREET ADDRESS OCALA FL 34470 CHY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP DRE ☐ Change ☐ Defete title F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THILE TITLE ☐ Change ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP HILLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: _________, RESIDENT SIGNATURE: ________, RESIDENT

3/17/05.

(3<u>52) 694-3529</u>

FILED