

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90014 049 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000064606 1. Entity Name CHINA WOK OF SANFORD INC.		 40105652	
Principal Place of Business 170 W LAKE MARY BLVD. SANFORD, FL 32773		Mailing Address 170 W LAKE MARY BLVD SANFORD, FL 32773	
2. Principal Place of Business (No P.O. Box) Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
4. Filing Year 20-0834599		Approved For Not Applicable	
5. Certificate of State Service ☐		\$8.75 Additional Fee Required	
d. Name and Address of Current Registered Agent		e. Name and Address of New Registered Agent	
ZHU, HONG 2746 TEAK PLACE LAKE MARY, FL 32773		Name Street Address (P.O. Box Number is Not Applicable) City State FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office of legal domicile in the State of Florida. I, the undersigned, hereby certify that the information furnished is true and correct.			
SIGNATURE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contributor ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, STATE	☐ Leave ZHU, HONG 2746 TEAK PLACE LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY, STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE	☒ Leave V LIN, LIANG XIANG 2746 TEAK PLACE LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY, STATE	☐ Change ☒ Addition V LIN, MIN 2746 TEAK PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY, STATE	☐ Leave	TITLE NAME STREET ADDRESS CITY, STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE	☐ Leave	TITLE NAME STREET ADDRESS CITY, STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE	☐ Leave	TITLE NAME STREET ADDRESS CITY, STATE	☐ Change ☐ Addition
12. I hereby certify that the information submitted on this filing does not conflict with the information contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I maintain an office or director of the corporation, or the receiver or liquidator, has accepted for service this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11.			
SIGNATURE: _____		Date: 4/30/2008	
SIGNATURE AND TITLE OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR		Date: _____	