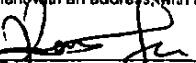


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Mar 17, 2005 8:00 am
Secretary of State**

02-16-2005 90057 036 ***150.00

DOCUMENT # P04000075469					
1. Entity Name TASTY WOK OF PLACIDA, INC.		2			
Principal Place of Business 8725 PLACIDA RD., STE. #5 PLACIDA FL 33946		Mailing Address 8725 PLACIDA RD., STE. #5 PLACIDA FL 33946			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1101051				Applied For <input checked="" type="checkbox"/>	
5. Certificate of Status Desired				\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent SIU, RACHEL 5100 OLD HOWELL BRANCH RD. WINTER PARK FL 32792				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
(NOTE: Registered Agent's signature required when changing) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAU, SUI W					
STREET ADDRESS 8725 PLACIDA RD., STE. #5					
CITY-ST-ZIP PLACIDA FL 33946					
TITLE D		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAU, KWAN C					
STREET ADDRESS 8725 PLACIDA RD., STE. #5					
CITY-ST-ZIP PLACIDA FL 33946					
TITLE 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2/2/05 941-698-8836		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		