FOR PROFIT CORPORATION

JNIFORM BUSINESS REPORT (UBR)

UNIFO	ORM BUSINE	SS REPORT	(UBR)	in the		
DOCUMENT # 1. Entity Name				2009 FEB -4 AMI	0: 32	
CHINA WOK NUMBE	R ONE INC.			TALLAHASSEE. FL	TATE	
DO N	OT WRITE	E IN THIS S	PACE	7001420932 02/04/0901034015	. <mark>0ŘÍĎA</mark> ニイア **750.00	
2. Principal Place of Business 3551 BLAIR STORE ROAD UNIT 11		3. Mailing Address		30 a-11	d	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		REPOSTATI	OT/PPM	
City & State		City & State		4. FEI Number	Applied For	
TALLAHASSEE, FL Zip 32301	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				me and Address of Current Registered Agent		
		Name LIAN TONG YANG				
DO NOT WRITE IN THIS SPACE		人名马克克 计连续操作 医异丙基乙醇 化氯化铵	Street Add	t Address (P.O. Box Number is Not Acceptable) 355 BLAIR STONE RD #11		
			City $7a$	llahassee FI	Zip Code	
		statement for the purport accept the obligations	se of changing its reg	sistered office or registered agent	, or both, in the	
SIGNATURE Signatu	ure, typed or printed name of	of registered agent and title if	applicable. (NOTE: Regir	stered Agent signature required when reins	tating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. TITLE		ND DIRECTORS	11.	The state of the s	7 a 7a 1	
NAME STREET ADDRESS CITY-ST-ZIP	YANG, LIANG TONG 3551 BLAIR STONE TALLAHASSEE, FL	E ROAD #111	NAME STREET ADDRES CITY-ST-ZIP	\$ S		
TITLE	17 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	OLCO.				
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP	s 700142093 01/27/03-01005-010	277 **150.00	
TITLE NAME STREET ADDRESS			TITLE			
CITY-ST-ZIP			STREET ADDRES	DO NOT	OF THE PORT WALLE	
TITLE NAME STREET ADDRESS			NAME STREET ADDRES	IN THIS SPACE		
CITY-ST-ZIP TITLE		•	CITY-ST-ZIP			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES			
TITLE NAME			TITLE			
STREET ADDRESS			STREET ADDRES			
CITY-ST-ZIP 12. I hereby certify that t	the information supplied	with this filing does not a	ualify for the exemption	stated in Section 119.07(3)(i), Florida	Statutes further	
certify that the inform	allo processioners and brings	. With and mind acceding a	JUGILLY TOL BLO GASTINGS.	Stated in deciding from toggin, a joinge	i Oldiules, i jurnier i j	
certify triat the inform	mation indicated on this i	report or supplemental re	port is true and accurate	e and that my signature shall have the stee empowered to execute this repor	e same legal effect	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #