2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90035 032 ***150.00

DOCUMENT# P05000000379

1. EntityName
EMPIREOFCHINAWOK,INC.

PrincipalPlaceofBusiness	MailingAddress
5373 EHRLICH ROAD SUITE 202 TAMPA, FL 33625 US	5373 EHRLICH ROAD SUITE 202 TAMPA, FL 33625 US

01152008 Chg-P CR2E034(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 20-2093154 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
WANG,RUIYU 5373EHRLICHROAD SUITE202 TAMPA,FL33625	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	P WANG,RUIYU 5373EHRLICHROAD,SUITE202 TAMPA,FL33625	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	VP WANG,RUIYU 5373EHRLICHROAD,SUITE202 TAMPA,FL33625	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	TR WANG,RUIYU 5373EHRLICHROAD,SUITE202 TAMPA,FL33625	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: [signature] President 1/20/08 813-962-8889
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#