

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000030626			
1. Entity Name NEW WOK 88, INC.			
Principal Place of Business 421 N.W. 13TH ST GAINESVILLE, FL 32601 US		Mailing Address 421 N.W. 13TH ST GAINESVILLE, FL 32601 US	
2. Principal Place of Business		3. Mailing Address	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. PE Number		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YAO, QUN 5610 N.W. 29TH TER GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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 _____ # Print name, last name, first name, or registered agent and title if applicable. (NOTE: Registered Agent is required to sign this statement.) DATE			
FILE NUMBER FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P/D YAO, QUN 5610 N.W. 29TH TER GAINESVILLE, FL 32653 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 000000541173 05/10/06-80042-007 150.00
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP/D ZHOU, SHILING 5610 N.W. 29TH TER GAINESVILLE, FL 32653 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not constitute the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 approval, with all other like empowered.			
SIGNATURE: <i>Shiling Zhou Yao</i>		x4-25-06x 352-3360	
SIGNATURE AND TITLE OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR		DATE Day/Month/Year	