

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	P05000127749
1. Entity Name	
CHINA WOK OF JACKSONVILLE INC.	

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2. Principal Place of Business	3. Mailing Address
13170 ATLANTIC BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
JACKSONVILLE, FL	
Zip	Country
32225	

FILED
07 APR 13 AM 8:15
CLARK COUNTY, FLORIDA
02/09/07 90025 037 \$150.00
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	Jacksonville	FL 32246

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	XIU RONG LIU	NAME	
STREET ADDRESS	13170 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #