## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 09, 2008 8:00 am Secretary of State **DOCUMENT # P06000022535** 1. Entity Name 04-09-2008 90024 021 \*\*\*150.00 MONUMENT HUNAN WOK INC. Principal Place of Business Mailing Address 3551 UNIVERSITY BLVD 3551 UNIVERSITY BLVD N JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03252008 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 20-4555720 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONG, ZHONG T Street Address (P.O. Box Number is Not Acceptable) 1531 MONUMENT ROAD #8 JACKSONVILLE, FL 32225 Zip Code FL 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, typicd or printed name or registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition DONG, ZHONG T NAME NAME 1531 MONUMENT ROAD #8 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32225 CITY - ST- ZIP City-SI-7/2 ☐ Delete TITLE ☐ Change Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY - ST- ZiP ☐ Delete Change ☐ Addition TITLE TITLE NAME J. ME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 11116 ☐ Change Addition NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ooth; 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 accress, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

ZHong Tao Dong

**FILED**