

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90021 036 ***150.00

DOCUMENT # P06000097648

1. Entity Name
MAGIC WOK OF REN, INC.



Principal Place of Business
2129 E. COUNTRY RD. 540 A
LAKELAND, FL 33813 US

Mailing Address
~~2135 MORGAN WIELAND LN~~
~~APT 204~~
2129 E. COUNTRY RD. 540A
LAKELAND, FL 33813 US

2129 E. COUNTRY RD. 540A
40035089



2. Principal Place of Business - No P.O. Box #
2129 E. COUNTRY RD 540A
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03022007 Chg-P CR2E034 (12/06)

City & State
LAKELAND, FL
Zip
33813
Country
USA

City & State
Zip
Country

4. FEI Number
20-5275361
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REN, NENG CHI
~~2135 MORGAN WIELAND LN~~
~~APT 204~~
2129 E. COUNTRY RD. 540A
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is 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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REN, NENG CHI
~~2135 MORGAN WIELAND LN APT 204~~
2129 E. COUNTRY RD. 540A
LAKELAND, FL 33813

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby 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 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 address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #