

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 22 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09172008 Chg-P CR2E034 (12/06)

**DOCUMENT # P07000030088**

1. Entity Name  
**CHINA K, INC.**

Principal Place of Business <b>4810 NW 2ND AVENUE BOCA RATON, FL 33413</b>	Mailing Address <b>4810 NW 2ND AVENUE BOCA RATON, FL 33413</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>20-8626563</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>HUANG, CHU FENG</b> <b>4810 NW 2ND AVENUE</b> <b>BOCA RATON, FL 33413</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUANG, CHU FENG			NAME			
STREET ADDRESS	4810 NW 2ND AVENUE			STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON, FL 33413			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<b>600136264786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUANG, QIAO HUA			NAME	<b>09/23/08--01047--003</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4810 NW 2ND AVENUE			STREET ADDRESS	<b>**150.00</b>		
CITY - ST - ZIP	BOCA RATON, FL 33413			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: *Chu Feng Huang* 9/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #