

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90020 040 ***150.00

DOCUMENT # P93000067268

1. Entity Name
MING WOK CORP.



Principal Place of Business
9918 NORTHWEST 2ND STREET
PLANTATION, FL 33324

Mailing Address
9918 NORTHWEST 2ND STREET
PLANTATION, FL 33324

54016811



2. Principal Place of Business
3200 N FEDERAL HIGHWAY
Suite, Apt. #, etc.
411C

3. Mailing Address
3200 N FEDERAL HIGHWAY
Suite, Apt. #, etc.
411C

City & State
FT. LAUDERDALE

Zip
33306

Country

03022004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0439223

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICKY LAU
1512 NE 34TH DRIVE
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent

Name
RICKY LAU

Street Address (P.O. Box Number is Not Acceptable)

1612 NE 34TH DRIVE

City
OAKLAND PARK

FL Zip Code
33334

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 **y21** (NOTE: Registered Agent signature required when reinstating)

DATE **3/10/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAU, RICKY 1612 NE 34TH DRIVE OAKLAND PARK, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **y21** DATE **3/10/04** DAYTIME PHONE # **954-579-4924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR