

FILED
Feb 16, 2007 8:00 am
Secretary of State

40019206

DOCUMENT # P93000067268		02-16-2007 90037 010 ***150.00	
1. Entity Name MING WOK CORP.			
Principal Place of Business 3200 N FEDERAL HIGHWAY 411C FORT LAUDERDALE, FL 33306		Mailing Address 3200 N FEDERAL HIGHWAY 411C FORT LAUDERDALE, FL 33306	
2. Principal Place of Business - No P.O. Box # 1612 NE 34TH DR		3. Mailing Address 1612 NE 34TH DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK, FL	
Zip 33334		Zip 33334	
Country		Country	
4. FEI Number 65-0439223		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name RICKY LAU		Name	
Street Address (P.O. Box Number is Not Acceptable) 1612 NE 34TH DRIVE		Street Address (P.O. Box Number is Not Acceptable)	
City OAKLAND, FL 33334		City FL	
Zip Code 33334		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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 42 (RICKY LAU President) 2-15-07 954-579-4924			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			