2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P93000067268** 1. Entity Name MING WOK CORP. Principal Place of Business Mailing Address 1612 NE 34TH DR 1612 NE 34TH DR OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 03102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0439223 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICKY LAU DO NOT WRITE **1612 NE 34TH DRIVE** OAKLAND, FL 33334 IN THIS SPACE 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution Added to Fees 000000861004 ′02/08-80082-012 150.00 10. OFFICERS AND DIRECTORS D TITLE LAU, RICKY NAME STREET ADDRESS 1612 NE 34TH DRIVE CHY-ST-ZIP OAKLAND PARK, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CiTY-ST-2IP

SIGNATURE:

SIGNATURE AND TYPED OR PE ITED RAME OF SIGNING OFFICER OR DIRECTOR