

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90310 035 ***158.75

DOCUMENT # P97000057356

1. Entity Name

W.E.N.K. OF FORT LAUDERDALE, INC.



Principal Place of Business

1710 SE FEDERAL HIGHWAY
FT LAUDERDALE FL 33316

Mailing Address

1710 SE FEDERAL HIGHWAY
FT LAUDERDALE FL 33316

2. Principal Place of Business

1720 South Federal Highway

Suite, Apt. #, etc.

3. Mailing Address

1720 South Federal Highway

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

FORT LAUDERDALE, FL

Zip
33316

Country

USA

City & State

FORT LAUDERDALE, FL

Zip
33316

Country

USA

4. FEI Number

68-0768984

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TONG, WEN
1710 SE FEDERAL HIGHWAY
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name - POCHEN PAUL YANG

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

1720 SOUTH FEDERAL HIGHWAY

City FORT LAUDERDALE

FL

Zip Code

33316

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

Pochen Paul Yang

POCHEN PAUL YANG, President, 04/15/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME YANG, POCHEN P
STREET ADDRESS 1720 SOUTH FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Pochen Paul Yang

POCHEN PAUL YANG, President, 04/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #