## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## 01-28-2005 90019 049 \*\*\*150.00 DOCUMENT # P97000091938 1. Entity Name NO 1 WOK, INC. 40008002 Principal Place of Business Mailing Address 5100 OLD HOWELL BRANCH 1080 E HWY 50 CLERMONT, FL 34711 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 59-3474829 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \*6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RONG, GUI Street Address (P.O. Box Number is Not Acceptable) 1080 E HWY 50 CLERMONT, FL 34711 City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D □ Delete TITLE ☐ Change ■ Addition NAME LIU, GUI R NAME STREET ADDRESS 1080 E HWY 50 STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition PAUL SULH NAME NAME 1080 E. HWY 50 STREET ADDRESS STREET ADDRESS CLERMONT, FL 34711 CITY-ST-7IP CiTY-SI-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED Jan 28, 2005 8:00 am

Secretary of State