2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N31762

1. Entity Name
KOREAN-AMERICAN ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2750 GLADES CIRCLE, STE 300 WESTON, FL 33327 US	2750 GLADES CIRCLE, STE 300 WESTON, FL 33327 US

04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0232117
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GHUNG, EUI HWANG
2750 GLADES CIRCLE, STE 300
WESTON, FL 33327

DO NOT WRITE 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. 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)

Filing Fee is $61.25
Due by May 1, 2005

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

000000336955
04/27/05-80148-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHUNG, EUI HWANG
STREET ADDRESS	2750 GLADES CIRCLE, STE 300
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VP
NAME	NOH, JAY
STREET ADDRESS	2750 GLADES CIRCLE, STE 300
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	LEE, JONG H
STREET ADDRESS	2750 GLADES CIRCLE, STE 300
CITY-ST-ZIP	WESTON, FL 33327
TITLE	S
NAME	KIM, KYU SANG
STREET ADDRESS	2750 GLADES CIRCLE, STE 300
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 617, 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: _____ 4/15/05 (954) 600-6295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #