## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000097852** 05-02-2005 90432 010 \*\*\*150.00 1. Entity Name 3H, INC Principal Place of Business Mailing Address 6677 103 STREET 6677 103 STREET 10074691 105 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04252005 Cha-F CR2E034 (10/03) City & State City & State 4. FEI Number Applied For *20-130498* Not Applicable Zio Country Zip 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 HAM, HYUNGSUK Street Address (P.O. Box Number is Not Acceptable) 6677 103 STREET 105 JACKSONVILLE, FL 32210 Zip Code FL 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. 4.1 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when retristating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be $\Box$ After May 4, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THE □ Change Addition NAME HAM, HYUNGSUK NAME 6677 103 STREET, SUITE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP VP TITLE Delete Change ☐ Addition HAM, DOOSOON NAME NAME STREET ADDRESS 6677 103 STREET, SUITE 105 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE Delete TELLE Change Addition NAME HAM, HEESOO NAME 3247 MILLPOND CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HAM, HEESOO NAME NAME 3247 MILLPOND CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORANGE PARK, FL 32065 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4128105

904-778 0208

Daytime Phone #

**FILED**