

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000017220

1. Entity Name
BAG TOWN, INC.



Principal Place of Business
**777 N.W. 72ND AVE.
SUITE 2BB16
MIAMI, FL 33126**

Mailing Address
**777 N.W. 72ND AVE.
SUITE 2BB16
MIAMI, FL 33126**



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0394788

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**KIM, YONG M
3760 OAK RIDGE CIRCLE
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

9. 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 date if applicable

(NOTE: Registered Agents who are not licensed under Chapter 403, Florida Statutes, must file this statement with the Department of Banking and Finance, 3500 North Florida Avenue, Tallahassee, Florida 32309.

4/28/08

DATE

**FILE NOW!!! FEB IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KIM, YONG M
3760 OAK RIDGE CIRCLE
WESTON, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KIM, MI R
3760 OAK RIDGE CIRCLE
WESTON, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

100000939951
05/28/08-90046-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

DATE

12/2008 3/1/08