## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2005 08:00 AM Secretary of State

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1. Entity Name

WORLD MOO DUK KWAN TANG SOO DO FEDERATION,



Principal Place of Business

1806 GREENLAWN ST BRANDON, FL 33511 Mailing Address

1806 GREENLAWN ST BRANDON, FL 33511



DO NOT WRITE IN THIS SPACE

*	**************************************		. 348
01212005	No Chg-P	CR2E034 (10/03)	

4. FE	i Number			Applied For
5	9-3192368			Not Applicable
5. Ce	ertificate of Status Desired	П	\$8.75	Additional

Fee Required

_							
	6.	Name	and	Address	of Current	Register	d Agent

KIM, JAE J. 1806 GREENLAWN ST BRANDON, FL 33511

## DO NOT WRITE IN THIS SPACE

2.00.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IN THIS SPACE			
8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title li	applicable. (NOTE, Registered)	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campalgn Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIM, JAE J. 1806 GREENLAWN ST BRANDON, FL				UU0000225335 02/11/05-80032-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, KUM S. 1806 GREENLAWN ST BRANDON, FL			······································		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KIM, ERIC M. 1806 GREENLAWN ST BRANDON, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIM, MYONG N. 1806 GREENLAWN ST BRANDON, FL			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIM, SAUL M. 1806 GREENLAWN ST BRANDON, FL					
TITLE		1				

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.

SIG	NL	TI	IΩ	F:

NAME STREET ADORESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 9.05

e Daytime Phone #