

FILED
May 02, 2003 8:00 am
Secretary of State

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

05-02-2003 90425 001 ***150.00

DOCUMENT # P95000025420

ALL IMPACT, INC.

70054450

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Mailing Address 4530 N. Hiatus RD		3. Mailing Address 4530 N. HIATUS RD	
113		Suite, Apt. #, etc. 113	
Sunrise, FL		City & State Miami, FL	
33351	Country US	Zip 33351	Country US
4. FEI Number 65-0570412		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Kim, Byung H**

Street Address (P.O. Box Number is Not Acceptable)
4530 N. Hiatus RD # 113

City **Sunrise** FL **33351**

I, the undersigned, certify that this statement is true and correct, and that I am the duly authorized officer or director of the corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this report.

[Signature] **4/29/03**

9. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information in 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this report.

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State.

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

OFFICERS AND DIRECTORS

DP
 Kim, Byung H
~~1010 Coral Ridge Dr # 103~~
 Coral Springs, FL 33071

DS
 Kim, Ok A
~~1010 coral ridge dr # 103~~
 Coral Springs, FL 33071

TITLE	<i>chair</i>
NAME	<i>Kim, Byung H</i>
STREET ADDRESS	<i>7611 S. Hampton Terr #410</i>
CITY- ST- ZIP	<i>TAMPA, FL 33321</i>
TITLE	<i>chair</i>
NAME	<i>Kim, Ok A</i>
STREET ADDRESS	<i>7611 S. Hampton Terr # 410</i>
CITY- ST- ZIP	<i>TAMPA, FL 33321</i>
TITLE	DO NOT WRITE IN THIS SPACE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	DO NOT WRITE IN THIS SPACE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information in 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this report.

SIGNATURE: *[Signature]* **4/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2103-B (12/01)