

**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**

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2. Principal Office Address 4530 N. Hiatus RD 113 Sunrise, FL 33351		3. Mailing Address 4530 N. HIATUS RD 113 Miami, FL 33351		4. FEI Number 65-0570412	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**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 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. I certify that the information supplied is true and correct and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this report.

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

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.

**OFFICERS AND DIRECTORS**

DP Kim, Byung H <del>1010 Coral Ridge Dr # 103</del> Coral Springs, FL 33071	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>chair</i> 7611 S. Hampton Terr #410 TAMARAC, FL 33321
DS Kim, Ok A <del>1010 coral ridge dr # 103</del> Coral Springs, FL 33071	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>chair</i> 7611 S. Hampton Terr # 410 TAMARAC, FL 33321
	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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13. 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 or receiver or trustee empowered 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)