

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 557111

1. Entity Name
KOKO INTERNATIONAL USA, INC.



Principal Place of Business
**3728 CATHEDRAL OAKS PL S
JACKSONVILLE, FL 32217 US**

Mailing Address
**3728 CATHEDRAL OAKS PL S
JACKSONVILLE, FL 32217 US**

FILED
Jul 02, 2008 08:00 AM
Secretary of State



06302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1791813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KIM, UI SON
3728 CATHEDRAL OAKS PL S
JACKSONVILLE, FL 32217**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIM, UI SON
STREET ADDRESS	3728 CATHEDRAL OAKS PL S
CITY- ST- ZIP	JACKSONVILLE, FL 32216
TITLE	DST
NAME	KIM, HYON JA
STREET ADDRESS	3728 CATHEDRAL OAKS PL S
CITY- ST- ZIP	JACKSONVILLE, FL 32216
TITLE	M
NAME	KIM, JOO HON
STREET ADDRESS	10756 ORCHARD WALK PL
CITY- ST- ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000953469
07/02/08-80001-005 550.00

**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

Date

Daytime Phone #

6/30/08

904-731-1168