## **2005 FOR PROFIT CORPORATION**

## Feb 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F04000005550 02-02-2005 90056 003 \*\*\*150.00 1. Entity Name GONĴU, INC. Principal Place of Business Mailing Address 50009545 1022 S. HILL STREET 1022 S. HILL STREET LOS ANGELES, CA 90015 LOS ANGELES, CA 90015 2. Principal Place of Business 3. Mailing Address 1022 S. HILL ST. 022 S. HILL ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-P CR2E034 (10/03) City & State City & State 4 FEI Number Applied For LA, CA LOS AMBELES a 75-3101926 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 90015 90015 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLMES, SUSAN 7535 DADELAND BLVD. MIAMI, FL 33156 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. An Holmes Accountant (NOTE: Registered Agent signature required when reinstating) San Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delète TITLE ☐ Change ☐ Addition CHO, HOUNG RAE NAME NAME STREET ADORESS 1022 S. HILL STREET STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 at other the empowered.

**FILED**