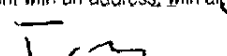


FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F80570 1. Entity Name PANKOR INVESTMENTS, INC.				Apr 05, 2006 08:00 AM Secretary of State	
Principal Place of Business 10404 BIT AND SPUR LANE POTOMAC MD 20854		Mailing Address 10404 BIT AND SPUR LANE POTOMAC MD 20854			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State Zip Country		City & State Zip Country		4. FEI Number NO-T APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEE, CHANG GUN 964 RIVER EDGE COURT LONGWOOD FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when (re)stating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D YIM, YEUW S 14800 HOOVER STREET WESTMINSTER CA 92683 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P SHIN, SI W 8451 SOUTHWING CL COLUMBIA MD 21044 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP U000000492487 04/19/06-80068-003 150.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V PARK, JOO S 10404 BIT AND SPUR LANE POTOMAC MD 20854 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Vice President 3-31-06 301-983-3011					