


FILED  
Jul 12, 2004 08:00 AM  
Secretary of State

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F94000006392</b> 1. Entity Name LG ELECTRONICS PANAMA, S.A.	
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Principal Place of Business 5255 NW 87TH AVE. STE 303 MIAMI, FL 33178 US	Mailing Address 5255 NW 87TH AVE STE 303 MIAMI, FL 33178 US
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07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0542394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  HUR, KYU HANG 5255 NW 37 AVENUE 303 MIAMI, FL 33178
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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 \$150.00  
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARK, DAVID EDIT TORRE GLOBAL BONK MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM SANGTAE, KIM EDIK TORRE GLOBAL BANK PANAMA CITY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM HUR, KYU HANG 5255 NW 87 AW MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/12/04-8D001-003 150.00

DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing 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 all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/06/04

305-477-1882

Date

Daytime Phone #