
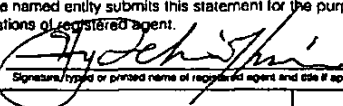



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90140 026 \*\*\*138.75

30009726

|  |                         |                                 |   |  |                                   |
|--|-------------------------|---------------------------------|---|--|-----------------------------------|
| <b>DOCUMENT # L07000091896</b>   |                         |                                 |   |   |                                   |
| 1. Entity Name<br>HYO CHIN QIKAI INTERNATIONAL, LLC  |                         |                                 |   |  |                                   |
| Principal Place of Business<br>384 NW 118TH AVE<br>CORAL SPRINGS, FL 33071 US  |                         |                                 | Mailing Address<br>384 NW 118TH AVE<br>CORAL SPRINGS, FL 33071 US                     |  |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                         | 3. Mailing Address              |   |  |                                   |
| Suite, Apt. #, etc.  |                         | Suite, Apt. #, etc.             |   |  |                                   |
| City & State   |                         | City & State                    |   |  |                                   |
| Zip  | Country                 | Zip                             | Country   | 05012008 Chg-LLC CR2E083 (12/06)<br>4. FEI Number <u>26-0880221</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |                         |                                 |   |  |                                   |
| 6. Name and Address of Current Registered Agent  |                         |                                 | 7. Name and Address of New Registered Agent   |  |                                   |
| KIM, HYO CHIN<br>384 NW 118TH AVE.<br>CORAL SPRINGS, FL 33071  |                         |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <u>FL</u> 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    |                         |                                 | DATE <u>4/30/08</u>   |  |                                   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |                         |                                 | Make check payable to<br>Florida Department of State                                  |  |                                   |
| 9. MANAGING MEMBERS/MANAGERS   |                         |                                 | 10. ADDITIONS/CHANGES   |  |                                   |
| TITLE  | MGRM                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | KIM, HYO CHIN           |                                 | NAME  |  |                                   |
| STREET ADDRESS   | 384 NW 118TH AVE.       |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | CORAL SPRINGS, FL 33071 |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE  |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                         |                                 | NAME  |  |                                   |
| STREET ADDRESS   |                         |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                         |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE  |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                         |                                 | NAME  |  |                                   |
| STREET ADDRESS   |                         |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                         |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE  |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                         |                                 | NAME  |  |                                   |
| STREET ADDRESS   |                         |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                         |                                 | CITY-ST-ZIP   |  |                                   |
| TITLE  |                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                         |                                 | NAME  |  |                                   |
| STREET ADDRESS   |                         |                                 | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                         |                                 | CITY-ST-ZIP   |  |                                   |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                         |                                 |   |  |                                   |
| SIGNATURE   |                         |                                 | DATE <u>4/30/08</u>   |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                         |                                 | Daytime Phone #   |  |                                   |