## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** May 03, 2007 08:00 A Secretary of State

ANNOAL KEI OKI				7		Secretary of S
1. Entity Narr	MENT # M39259 ion co., inc.					secretary or s
Principal Plac 1722 N.W. 2 MIAMI, FL 3		Mailing Address 1722 N.W. 20 ST. MIAMI, FL 33142		1 I <b>II I I I I I I</b>		II AITH BINII BHEN AINII AIRK AINIINGH H KESI
C	OO NOT WRITE	IN THIS SPA	CE	05012007 4. FEI Numb 59-272	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Regulred
KIM, HYUI 10741 S.W MIAMI,, FL	V. 139 AVE.	DO NOT WRITE IN THIS SPACE				
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 reinstaling)  DATE						
FILE NOWR!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	0000 05/24/0	00753039 7-80029-013 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- SI- ZIP TITLE NAME NAME	PSTD KIM, HYUNG 10741 S.W. 139 AVE. MIAMI, FL 33186					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W THIS SF	
TITLE NAME STREET ADDRESS			1			

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 corporated 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dispute Phone #