

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 15, 2008 8:00 am
Secretary of State**

05-15-2008 90024 005 ****61.25

DOCUMENT # N93000005175		
1. Entity Name THE KOREAN COMMUNITY CONCERN, INC.		

Principal Place of Business 7203 W OAKLAND PARK BLVD LAUDERHILL, FL 33313 US	Mailing Address 7440 W. MERCADA WAY DELRAY BEACH, FL 33446 US
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2. Principal Place of Business - No P.O. Box # 7189 W. Oakland Park Blvd	3. Mailing Address Suite, Apt. #, etc.
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City & State Lauderhill, FL	City & State
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Zip 33313	Country U.S.A	Zip	Country
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6. Name and Address of Current Registered Agent MARK, FRIED E 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable)	
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		City FL Zip Code	
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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
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Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CHO, JOHN D 7440 W. MERCADA WAY DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/FR HO, JONG K 1045 NE 135 ST NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JUNG IL 22957 OLD INLET BRIDGE DRIVE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HWANG, JOHN 4601 FROST HILL BLD. W. PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHO, TAE YOUNG 851 SAN REMO DRIVE FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 617, 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:  JOHN D. CHO, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



04232008 Chg-NP CR2E037 (12/06)