

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

DOCUMENT # N93000005175 1. Entity Name THE KOREAN COMMUNITY CONCERN, INC.				Secretary of State 05-15-2008 90024 005 ****61.25	
Principal Place of Business 7263 W OAKLAND PARK BLVD LAUDERHILL, FL 33313 US			Mailing Address 7440 W. MERCADA WAY DELRAY BEACH, FL 33446 US		
2. Principal Place of Business - No P.O. Box 7189 W Oakland Park Blvd Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Lauderhill, FL			City & State 		
Zip 33313		Country U.S.A		4. FEI Number 65-0452063	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARK, FRIED E 1110 BRICKELL AVE 7TH FLOOR MIAMI, FL 33131			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 _____ <small>(NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHO, JOHN D		NAME		
STREET ADDRESS	7440 W. MERCADA WAY		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	D/TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, JONG K		NAME		
STREET ADDRESS	1045 NE 135 ST		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JUNG IL		NAME		
STREET ADDRESS	22957 OLD INLET BRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HWANG, JOHN		NAME		
STREET ADDRESS	4601 FROST HILL BLD.		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHO, TAE YOUNG		NAME		
STREET ADDRESS	851 SAN REMO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		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		

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** 4-23-08 (561) 702-6983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #