

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90293 045 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000011497

1. Entity Name
Q MART USA, INC.



40060406

Principal Place of Business
813 GOLFAIR BLVD
JACKSONVILLE, FL 32209

Mailing Address
4401 EMERSON STREET
SUITE 8
JACKSONVILLE, FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3622675

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUN, YU P CPA
4401 EMERSON ST
SUITE 8
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
Hyun, Kevin K
Street Address (P.O. Box Number is Not Acceptable)

7901 Baymeadows circle E. 532

City Jacksonville FL Zip Code 32256

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 Hyun, Kevin K

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HYUN, KEVIN K ☐ Delete
STREET ADDRESS 7901 BAYMEADOWS CIRCLE EAST 532
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S
NAME HYUN, PATRICIA L ☐ Delete
STREET ADDRESS 7901 BAYMEADOWS CIRCLE EAST 532
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T
NAME HYUN, KEVIN K ☐ Delete
STREET ADDRESS 7901 BAYMEADOWS CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-15-05 904)346-1961

Date Daytime Phone #