

FILED  
Apr 13, 2006 8:00 am  
Secretary of State


04-13-2006 90300 040 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

50011685



04102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000011497</b>			
1. Entity Name Q MART USA, INC.			
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3622675		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYUN, KEVIN K 7901 BAYMEADOWS CIRCLE E 532 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name <u>Kevin K. Hyun</u> Street Address (P.O. Box Number is Not Acceptable) <u>4576 Shiloh Mill Blvd</u> City <u>Jacksonville</u> FL Zip Code <u>32246</u>	
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 <u>[Signature]</u> <u>Kevin Hyun</u> DATE <u>4-10-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYUN, KEVIN K 7901 BAYMEADOWS CIRCLE EAST 532 JACKSONVILLE, FL 32256 <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	S HYUN, PATRICIA L 7901 BAYMEADOWS CIRCLE EAST 532 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>[Signature]</u> <u>Kevin Hyun</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-10-06</u> Daytime Phone # <u>904) 924-2100</u>	