2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000050038

1. Entity Name
NEW MIAMI IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
1914-1916 N.W. 20TH STREET MIAMI, FL 33142	1916 N.W. 20TH STREET MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01182004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1009446	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HYUN, KILSOO
1916 N.W. 20TH STREET
MIAMI, FL 33142

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	HYUN, KILSOO
STREET ADDRESS	19390 N.W. 87TH PLACE
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	P
NAME	HYUN, LISA
STREET ADDRESS	19390 N.W. 87TH PLACE
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000110578
04/12/04-80089-003 150.00

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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: _____ LISA Hyun   4/9/04   305)324-9170

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