

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90220 045 ***150.00

DOCUMENT # P00000051441

1. Entity Name
D Q HIALEAH, INC.



Principal Place of Business
**589 W. 49TH STREET
HIALEAH, FL 33012**

Mailing Address
**589 W. 49TH STREET
HIALEAH, FL 33012**

2. Principal Place of Business

X 1764 NW 20ST
Suite, Apt. #, etc.

3. Mailing Address

X 1764 NW 20ST
Suite, Apt. #, etc.



04242006 Chg-P CR2E034 (11/05)

City & State

Miami

City & State

Miami

4. FEI Number
65-1013885

Applied For
Not Applicable

Zip **FL**

Country **33142**

Zip **FL**

Country **33142**

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

6. Name and Address of Current Registered Agent

**LEE, KYU YOUNG
5524 N.W. 114TH AVE., APT. 203
MIAMI, FL 33178**

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 **X**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

X 4/26/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **LEE, KYU YOUNG**
STREET ADDRESS **5524 N.W. 114TH AVE., APT. 203**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **SD** ☒ Delete
NAME **LEE, MYO HWAN**
STREET ADDRESS **5524 N.W. 114TH AVE., APT. 203**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
NAME **Lee, Kyu Young**
STREET ADDRESS **10941 SW 78th Av**
CITY-ST-ZIP **pinecrest FL 33156**

TITLE **SD** ☒ Change ☐ Addition
NAME **Lee, Myo Hwan**
STREET ADDRESS **10941 SW 78th Av**
CITY-ST-ZIP **pinecrest FL 33156**

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

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

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

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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/26/06

Date

Daytime Phone #