## **FILED** May 04, 2004 8:00 am Secretary of State

2004 F	ANNUAL	REPORT	HOI
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DOCUMENT # P00000086866 05-04-2004 90118 015 \*\*\*150.00 KORÉAN MARKET, INC. Principal Place of Business Mailing Address 427 S. STATE RD. #7 427 S. STATE RD. 7 HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 14019736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FE! Number 65-1055178 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YIM, HEON KYUNG Street Address (P.O. Box Number is Not Acceptable) 427 S. STATE RD. #7 HOLLYWOOD, FL 33023 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. registered agent and title & applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition YIM, HOEN KYUNG NAME NAME STREET ADDRESS 427 S. STATE RD #7 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 trusted 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: