2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000020992

1. Entity Name

HYUNDAI OF FLORIDA, INC.



04252005

4. FEI Number 59-3704178 50044875

CR2E034 (10/03)

Applied For

Not Applicable

FILED

Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90183 019 ***150.00

No Chg-P

Principal Place of Business

3001 49 ST N

ST PETERSBURG, FL 33710

3001 49 ST N ST PETERSBURG, FL 33710

Mailing Address

DO NOT WRITE IN THIS SPACE

				5. Certificate	of Status Desired	Fee Required
	5. Name and Address of Current Regis	tered Agent				
KUN U, JONG 3001 49 ST N ST PETERSBURG, FL 33710			DO NOT WRITE IN THIS SPACE			
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						
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUN U, JONG 3001 49TH ST N SAINT PETERSBURG, FL 33710					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	 [E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE NAME STREET ADDRESS 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 office or of the control that I am an office or of the contr						

changed, or on an attachment with an address jiwith all other like/empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-09

Date

Daytime Phone #