## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P01000050836 1. Entity Name 02-04-2004 90026 009 \*\*\*163.75 COTTONWISE INTERNATIONAL, INC. Mailing Address Principal Place of Business 7370 NW 36TH ST, SUITE 220D 7370 NW 36TH ST, SUITE 220D ひよいひんひはん MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address 3185 NW SJ ND 3785 NW RIND AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 310 310 Applied For City & State City & State 4. FEI Number 65-1108073 万LORIDA MIAM LORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Ø Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE PSTO KIM, YOUNG - TAIK NAME KIM, YOUNG-TAIK 82NO AVE. # 310 7370 NW 36TH ST, SUITE 220D STREET ADDRESS STREET ADDRESS 3785 NW MIAMI FL 33166 CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Detete TITLE Addition NAME: NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Young-Taik Kim

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