## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # P01000098270** 1. Entity Name 05-03-2004 90677 021 \*\*\*158.75 YOUNG WON, INC. Principal Place of Business Mailing Address 3248 ARDEN VILLAS #22 3248 ARDEN VILLAS #22 94079080 ORLANDO, FL 32817 ORLANDO, FL 32817 3. Mailing Address 2. Principal Place of Business West Colonial Drive 2155 West Colonial Drive Suite, Apt. #, etc. -04122004 CR2E034 (10/03) Chg-P Boo Booth 4. FEI Number Applied For Grlandoutl 59-3748664 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARK, YONG S Box Number is Not Acceptable) 3248 ARDEN VILLAS #22 ORLANDO, FL 32817 City Socwone 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 ager SIGNATURE Signatur ime of registered agent and title lature 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Defete TITLE parks Tong 400 Golf Brox Circle APT 100 PARK, YONG S NAME STREET ADDRESS 3248 ARDEN VILLAS #22 STREET ADDRESS Longwood, FL 32719 CITY-ST-ZIP ORLANDO, FL 32817 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the information supplied with this and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is of the corporation or the receiver or trust changed, or on an attachment with like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED