



FILED
May 04, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000012593						
1. Entity Name EVER BEST, INC.						
Principal Place of Business 4434 HUNTERS HAVEN LANE EAST JACKSONVILLE, FL 32224	Mailing Address C/O YU D HAN, CPA 4401 EMERSON ST, SUITE 8 JACKSONVILLE, FL 32207	 05032004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 01-0639913</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 01-0639913	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent HAN, YU D 4401 EMERSON ST, SUITE 8 JACKSONVILLE, FL 32207		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<div style="text-align: right; margin-bottom: 20px;">U00000154959 05/05/04-80017-025 150.00</div> DO NOT WRITE IN THIS SPACE				
TITLE	PD					
NAME	KIM, OH H					
STREET ADDRESS	4434 HUNTERS HAVEN LANE EAST					
CITY-ST-ZIP	JACKSONVILLE, FL 32224					
TITLE	V					
NAME	LIM, HYE K					
STREET ADDRESS	4434 HUNTERS HAVEN LANE EAST					
CITY-ST-ZIP	JACKSONVILLE, FL 32224					
TITLE	S					
NAME	LIM, CHAN H					
STREET ADDRESS	4434 HUNTERS HAVEN LANE EAST					
CITY-ST-ZIP	JACKSONVILLE, FL 32224					
TITLE	TD					
NAME	HAN, SARA H					
STREET ADDRESS	8766 REEDY BRANCH DR					
CITY-ST-ZIP	JACKSONVILLE, FL 32256					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		TD 53-04904 346-1961 <small>Date Daytime Phone #</small>				