FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P02000024814 1. Entity Name TOYO KINGS ENTERPRISES, INC.					Secretary of State 05-03-2004 90767 031 ***150.00	
	1. T. 1944					
Principal Place of Business 13105 Cairo Lane			3. Mailing Address 13105 Cairo Lane			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Opa Locka Florida			City & State Opa Locka Florida		4. FEI Number 75–3019576 Applied For Not Applicable	3
Zip 33054	4	Country USA	^{Zip} 33054	Country USA •	5. Certificate of Status Desired	
and section 1				None	7. Name and Address of Current Registered Agent]
	700 Th	ONOTAN	SITE	Name	LICUOT, JOSE	
	Yang 1 28 1 20 20 20 20 20 20 20 20 20 20 20 20 20	O NOT WI V THIS SP	医生子 医抗肾髓膜 医动物外部系统	Street Addres	ess (P.O. Box Number is Not Acceptable)	
		V ППО ОГ	AUE	City	13105 Cairo Lane	
3,414				City	Miami Opa Locka FL Zip Code 33054	
8. The above	named entity	submits this statement for	the purpose of changing it	s registered office or regis	istered agent, or both, in the State of Florida.	7
; SIGNATURE .	Signature typed	or organization of conjugation				
· · ·		or printed name of registered agent ar	The Market and Company	TE: Registered Agent signature requ		
9. This corporate fax filing records (See criter	equirement a	ble to satisfy its Intangible nd elects to do so.	After May Amende	May 1: Fee is \$150.00 / 1, Fee is \$550.00 od.UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be	
11.	-	OFFICERS AND D	PIRECTORS	ble to Department of S	Activities the result of the control	4
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NAME: 4.	LICUO	T, JOSE		NAME		
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CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		
13. Thereby c indicated	ertify that the on this report	information supplied with the or supplemental report is to	nis filing does not qualify fo	r the exemption stated in	n Section 119.07(3)(i), Florida Statutes. Hurther certify that the information the same legal effect as if made under path; that Lam an officer or director.	1

13. I nereby 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/64 (301)362-9139