

FILED  
May 27, 2003 8:00 am  
Secretary of State

04-14-2003 90401 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                               |                                                                                                                                                               |
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| <b>DOCUMENT #</b> P02000032023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                              |                                                                                                                                                               |
| 1. Entity Name<br>HAWAII ASIAN ART, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                                                               |                                                                                                                                                               |
| Principal Place of Business<br>435 S RIDGEWOOD AVE #210<br>DAYTONA BCH FL 32114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | Mailing Address<br>435 S RIDGEWOOD AVE #210<br>DAYTONA BCH FL 32114                                                           |                                                                                                                                                               |
| 2. Principal Place of Business<br>2425 N. Atlantic Ave #300<br>Suite, Apt. #, etc. #300<br>Daytona Beach, FL 32118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | 3. Mailing Address<br>2425 N. Atlantic Ave #300<br>Suite, Apt. #, etc. #300<br>Daytona Beach, FL 32118                        |                                                                                                                                                               |
| 4. FEI Number 02-051-5887 Applied For<br><del>94-002-10778-302</del> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                      |                                                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br>COLLINS, HAE KYONG L<br>2425 N ATLANTIC AVE #300<br>DAYTONA BCH FL 32118<br>Daytona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                                                                                                               |
| 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.<br>SIGNATURE <u>Hae Kyong L Collins</u> President DATE <u>4-10-03</u><br>(NOTE: Registered Agent signature required when resigning)                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                                               |                                                                                                                                                               |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                |                                                                                                                                                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                         |                                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete<br>2425 N. Atlantic Ave #300<br>Daytona Beach, FL 32118 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>President<br>H. Lee Collins<br>2425 N. Atlantic Ave #300                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>CEO<br>TOBY L. COLLINS<br>2425 N. Atlantic Ave #300 FL 32118<br>Daytona Beach |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                             |
| 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: <u>Hae Kyong L Collins</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | SIGNATURE REQUIRED <u>Hae Kyong L Collins</u> 386-672-0501                                                                    |                                                                                                                                                               |