

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90029 002 ***150.00

DOCUMENT # P02000062941

1. Entity Name
SUNHWA CORPORATION



Principal Place of Business
**12001 LAKE CYPRESS CIR. #B-201
ORLANDO, FL 32828**

Mailing Address
**12001 LAKE CYPRESS CIR. #B-201
ORLANDO, FL 32828**

2. Principal Place of Business
**11222 E. Colonial Dr
Suite, Apt. #, etc. Suite 104**

3. Mailing Address
**11222 E. Colonial Dr.
Suite, Apt. #, etc. Suite 104**

02252004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL
Zip
32819 Country
Orange

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Zip
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Orange

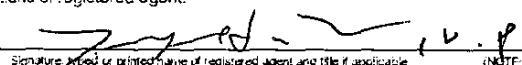
4. FEI Number
04-3695587 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KANG, SUNHWA
12001 LAKE CYPRESS CIR. #B-201
ORLANDO, FL 32828**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**11222 E. Colonial Dr.
Suite 104**
City
Orlando FL Zip Code
32819

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  U.P.

3-10-04

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

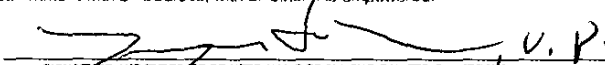
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANG, SUNWAH 12001 LAKE CYPRESS CIR. #B-201 ORLANDO, FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, JUNG 12001 LAKE CYPRESS CIR. #B-201 ORLANDO, FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11222 E. Colonial Dr. Suite 104 Orlando, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.P.

3-10-04

407/736-1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #