2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2004 90029 002 ***150.00

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1. Entity Name
SUNHWA CORPORATION

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

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
11222 E. Colonial Dr		11222 E. Colonial Dr.	
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 104	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32817	Country Orange	Zip 32817	Country 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 32817

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 [signature], V.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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☑ Change ☐ Addition 11222 E. Colonial Dr.
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	Suite 104 ☑ Change ☐ Addition Orlando, FL 32817
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] V.P. 3-10-04 407/736-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #