


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-04-2005 90132 023 ***150.00

DOCUMENT # P02000092095	
1. Entity Name GIWON CORPORATION	

Principal Place of Business 7025 HIAWASSEE OVERLOOK DR ORLANDO, FL 32835	Mailing Address 7025 HIAWASSEE OVERLOOK DR ORLANDO, FL 32835
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66021676



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0744430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

SUH, KWANG SUK
7025 HIAWASSEE OVERLOOK DR
ORLANDO, FL 32835

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6. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SUH, KWANG SUK 7025 HIAWASSEE OVERLOOK DR ORLANDO, FL 32835
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** _____ **Daytime Phone #** _____