


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90021 028 \*\*\*150.00

<b>DOCUMENT # P02000092095</b>	
1. Entity Name <b>GIWON CORPORATION</b>	

Principal Place of Business <b>8001 SOUTH ORANGE BLOSSOM TRAIL K11 ORLANDO, FL 32809</b>	Mailing Address <b>8001 SOUTH ORANGE BLOSSOM TRAIL K11 ORLANDO, FL 32809</b>
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**DO NOT WRITE IN THIS SPACE**

40054310



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0744430</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SUH, KWANG SUK 7025 HIAWASSEE OVERLOOK DR ORLANDO, FL 32836-32819</b>	<b>6966 Dolce St.</b>
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**DO NOT WRITE IN THIS SPACE**

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 	DATE <b>2-1-08</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS SUH, KWANG SUK 6966 DOLCE STREET ORLANDO, FL 32819</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	<b>2-1-08</b>	<b>Kwang S. Suh</b>	<b>4-9-92-3619</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #