


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90031 014 ***150.00

DOCUMENT # P02000093790	
1. Entity Name MYUNGJI NURSERY, INC.	

Principal Place of Business 2553 W. KELLY PARK ROAD APOPKA, FL 32712 US	Mailing Address 2553 W. KELLY PARK ROAD APOPKA, FL 32712 US
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0561306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIM, CHONG-W Bae, Sung OK 1647 SUNSET VIEW CIRCLE 2553 W. Kelly Park Rd APOPKA, FL 32703 Apopka, FL 32712
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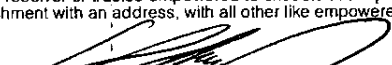
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 3/31/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P, T NAM, MYUNG J 2553 W. KELLY PARK ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, D KIM, CHONG-W Bae, Sung OK 1647 SUNSET VIEW CIRCLE 2553 W. Kelly Park Rd APOPKA, FL 32703 Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAM, MYUNG J 2553 W. KELLY PARK ROAD APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Sung Bae, 3/31/04 407-880-9222	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #