

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90013 045 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P02000097417</b>  |  |   |   |   |  |
| <b>1. Entity Name</b><br>HYUNDAI ORIENTAL MARKET, INC.  |  |   |   |   |  |
| <b>Principal Place of Business</b><br>1389 CYPRESS AVE.<br>MELBOURNE, FL 32935  |  |   | <b>Mailing Address</b><br>1389 CYPRESS AVE.<br>MELBOURNE, FL 32935  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1507 AURORA ROAD<br>Suite, Apt. #, etc.<br>Suite A   |  | <b>3. Mailing Address</b><br>1507 AURORA ROAD<br>Suite, Apt. #, etc.<br>Suite A                   |   | 40048530<br>  |  |
| <b>City &amp; State</b><br>MELBOURNE FL<br>Zip 32935 Country USA  |  | <b>City &amp; State</b><br>MELBOURNE FL<br>Zip 32935 Country USA                                  |   | <b>4. FEI Number</b><br>51-0423762                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | <b>Applied For</b><br>Not Applicable                              |  |
| <b>6. Name and Address of Current Registered Agent</b><br>YEN, MEI-O<br>1072 GARFIELD STREET<br>MELBOURNE, FL 32935   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name MEI O YEN<br>Street Address (P.O. Box Number is Not Acceptable)<br>4066 FOUR LAKES DRIVE<br>City MELBOURNE FL Zip Code 32940 |   |  |
| <b>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.</b><br>SIGNATURE <u>mei-o yen</u> (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>YEN, MEI-O<br>1072 GARFIELD STREET<br>MELBOURNE, FL 32935 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MEI O YEN<br>4066 FOUR LAKES DR<br>MELBOURNE FL 32940        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |  |   |   |   |  |
| <b>SIGNATURE:</b> <u>mei-o yen</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |   |  |
| Date _____ Daytime Phone # _____  |  |   |   |   |  |