2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUI 1. Entity Name ZENITH L					04-21-2008	90102	022 ***15	50.00			
Principal Place of Business Mailing Address						40070	บนว				
1092 S. PON	CE DE LEON BLVD. IE, FL 32084	1092 S. PONCE DE LEON BLVD. St. Augustine, Fl. 32084									
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04092008	Chg-P	CR2E0	34 (12/06)			
City & State	•	City & State			4. FEI Number 11-3666	075		1 + 1	olied For Applicable		
Zip	Country	Zip	Coun	try		5. Certificate o	f Status Desired		\$8.75 Addi Fee Required		
	6. Name and Address of Current I	Registered Agent				7. Name and A	ddress of New R	egistered A	gent		
LEE MINIZ	1			Name							
LEE, MIN A 1092 S. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084					Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code		
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, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	althorner righten or branched states or registered agent of	THO MICH REPORCED. (HOTE	. negstere	u Agent signatur	e reduited	witch rollistating/		UATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		ncing	\$5. 0	00 May Be ed to Fees				-	
10	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	ČERS AND	DIRECTORS	IN 11	
TITLE .	D 3	☐ Đelete	TITL		VP.				Change	☐ Addition	
NAME	LEE, MIN A		NAM		Kir	1, LW	K L	- 1 -		LVD	
STREET ADDRESS CITY-ST-ZIP	1921 SILVER HANK DR SAINT AUGUSTINE, FL 32092			ET ADDRESS -ST-ZIP	1092	S. PO	SUSTINE	t Ll	ON 6 32084	LVD	
TITLE	PT	☐ Delete	TITL		3.			 _	Change	Addition	
NAME STREET ADDRESS	LEE, MIN A 1921 SILVER HAWK DR		MAM		KIL	1, LUK	DNCE I	>F= 1	EON B	CVL	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092			07 710	1097 SAII		ONCC.		3208		
TITLE	VP	Delete	TITL		24(1	AL MA	SMALINE	,	☐ Change	Addition	
NAME	KANG, TAEWON	X	NAM	E						_	
STREET ADDRESS CITY-ST-ZIP	1092 S PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084			ET ADDRESS -ST-ZIP							
TITLE	S YANG TAFIAGN	Delete	mu	I .					☐ Change	☐ Addition	
NAME STREET ADORESS	KANG, TAEWON 1092 S PONCE DE LEON BLVD	•	NAM STRE	ET ADDRESS						,	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084			-ST-ZIP							
TITLE		☐ Delete	TITL	I					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	, TITL	E					☐ Change	Addition	
NAME			NAM				i i			[
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
	Lender that the information supplied with	this filing does not qualify fo			ntained	in Chapter 119	Florida Statutes 1	further ceri	ify that the in	formation	
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.

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SIGNATURE:	x in our	m	~ر	MM2 Lec		
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #