


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90102 022 ***150.00

DOCUMENT # P02000128577 1. Entity Name ZENITH LEE, INC.					
Principal Place of Business 1092 S. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084			Mailing Address 1092 S. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40076023 	
City & State		City & State		04092008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 11-3666075	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEE, MIN A 1092 S. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, MIN A 1921 SILVER HAWK DR SAINT AUGUSTINE, FL 32092		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. KIM, LUKE 1092 S. PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEE, MIN A 1921 SILVER HAWK DR SAINT AUGUSTINE, FL 32092		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. KIM, LUKE 1092 S. PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANG, TAEWON 1092 S Ponce de Leon Blvd SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KANG, TAEWON 1092 S PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>X Min A Lee</u> Mima Lee SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					