2004 FOR PROFIT CORPORATION

DOCUMENT # P02000133721 FILED GLOBAL EMPORIUM AND CONSULTING INC. 04 NOV 15 PM 2: 15 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 425 EAGLE RIDGE DR 425 EAGLE RIDGE DR DAVENPORT, FL 33837 DAVENPORT, FL 33837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11082004 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 74-3086173 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ___ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIM, SAI H Street Address (P.O. Box Number is Not Acceptable) 425 EAGLE RIDGE DR DAVENPORT, FL 33837 Zip Code FL 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change TITLE CHOI, YUNMI G NAME NAME STREET ADDRESS 425 EAGLE RIDGE DR STREET ADDRESS DAVENPORT, FL 33837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change · 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete` - Change ---- 🖸 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 W 11/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone



Tel: 863-242-9689 863-420-6090 Fax: 863-420-2899

Dear Sir or Madam:

It seems to be there was a USPS postal error on delivering this important document that this very corporation mailed to you before the due date of the 2004 Annual Report deadline. My corporation swears that the 2004 Annual Report was sent out to the State of Florida on time even though it was failed to be delivered by USPS.

Hence, I would like to ask you to waive the reinstatement fee of \$750.00. Instead, I am enclosing the annual report fee of \$150.00 in the form of the business check to make sure and to leave the evidence that it is cleared.

This was the very first time that we involuntarily missed the annual report due to USPS error. From now on, we are making sure that this will be delivered for sure by sending it as a Registered Mail with Recipient's confirmation.

Please, take this letter as a good faith statement and waive the reinstatement fee.

Thank you,

Sai H. Kim

V.P.

Nov. 10, 2004