## FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90946 014 \*\*\*158.75

Ciryline Phone #

## 2003 FOR PROFIT CORPORATION

DOCUMENT # P02000133721  1. Entity Name GLOBAL EMPORIUM AND CONSULTING INC.						
Principal Plac 425 EAGLE R DAVENPORT.	IDGE DR		Mailing Address 425 EAGLE RIDGE DR DAVENPORT, FL 33837		· · · · · · · · · · · · · · · · · · ·	1 Paulant st 2211 tible 2211 Sprin 2010 1022 ille litte 1222 ille 1224 ille 1224 ille 1224 ille 1224 ille 1224
2. Principal F	<u> </u>	ness	3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt.		<del></del>	City & State			CHECK HERE IF MAKING CHANGES  4. FELNUMBER DU 20 ST / MB Applied For
			· · · · · · · · · · · · · · · · · · ·		where	4. FEI Number 74 - 30 86/ 23 Applied For Not Applicable
<i>Ž</i> ip	Country			Country.		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
KIM, SAI H 425 EAGLE RIDGE DR DAVENPORT, FL 33837					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 primed name of registered again and title if applicable. (NOTE: Registered Againt signature required when reinstating)  DATE						
Affer Malte Check	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	P	OFFICERS A	ND DIRECTORS  Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-2P	CHOI, YU 425 EAGL	NMI G .E RIDGE DR DRT, FL 33837	RASAI Stre			Change Addition Change Addition
TITLE NAME STREET ADDRESS			□ (De lete	TITLE NAM STRE		☐ Change ☐ Addition
TITLE NAME		~ ·	Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-2P				COY	ET ADORESS -ST-ZIP	
NAME STREET ADDRESS CITY-S1-2P			C) Defetie		- (	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZP			ra oece	NAME STREE	J	_ Oreage Audusti
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:						
SIGNAL	UKE: _	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECT	TOR	Case Orrige Rhone #