2005 FOR PROFIT CORPORATIONANNUAL REPORT

FILED Apr 26, 2005 08:00 AM

DOCUMENT # P03000020309 1. Entity Name CHUNG-WOOK KIM, P.A.					Se	cretar	y of State
230 E. MARKS STREET 23		Maifing Address 230 E. MARKS STREET ORLANDO, FL 32803			(1 1447 1 411) 11 14 10 16 11	K ethe kon ethe	HIN KANA MAKATI NI MAT
DO NOT WRITE IN THIS SPA				04192005			
}		it iiii oi A	No. of Bank	4. FEI Numi 54-20			Applied For Not Applicable
				5. Certificat	of Status Desired		.75 Additional Required
6. Name and Address of Current Registered Agent						ande Conde de Aguadajos, 2	
KIM, CHUNG-WOOK ⁻ 230 E. MARKS STREET ORLANDO, FL 32803			DO NOT WRITE IN THIS SPACE				
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 if applicable. (NOTE, Registered Agent alignature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS		The second section is a second section of the section o			1000
NAME	P.A. KIM, CHUNG-WOOK		2	**** *********************************			
STREET ADDRESS	230 E. MARKS STREET	• •	l.		000000 -20\8\$\4£_	331945	10 150 00
TITLE	ORLANDO, FL 32803			· · · · · · · · · · · · · · · · · · ·		ひしてはいいか	10 158.88
NAME	}						
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TITLE NAME	1					<u> </u>	The second secon
STREET ADDRESS			1	na	BIOT 164	had Sadahan	
CITY-ST-ZIP	t		J	υU	NOT W	HILL	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section [19.07(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 plinaddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/05

IN THIS SPACE

407-481-0066

Daylime Phone #