

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90073 015 \*\*\*150.00

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04242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000069406</b> 1. Entity Name <b>ACE BIDET, INC.</b>					
Principal Place of Business 5201 BLUE LAGOON DR #831 PEMBROKE PINES, FL 33028				Mailing Address 5201 BLUE LAGOON DR #831 PEMBROKE PINES, FL 33028	
2. Principal Place of Business <b>5201 BLUE LAGOON DR</b> Suite, Apt. #, etc. <b># 831</b>		3. Mailing Address <b>5201 BLUE LAGOON DR</b> Suite, Apt. #, etc. <b># 831</b>		4. FEI Number <b>65-1194919</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33126</b>		Zip <b>33126</b>			
Country <b>MIAMI-DADE</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KAUNG, YONG-TUE</b> <b>129501 NW 1ST ST. #310</b> <b>PEMBROKE PINES, FL 33028</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE <b>X 4-30-06</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSD</b> <b>KANG, YONG TAE</b> <b>129501 NW 1ST ST. #310</b> <b>PEMBROKE PINES, FL 33028</b>		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 <b>VD</b> <b>KIM, MYUNG</b> <b>245 NE 191 ST., #3020</b> <b>NORTH MIAMI BEACH, FL 33028</b>		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	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>X 4-30-06</b> <small>Daytime Phone #</small>	