2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P03000094045 1. Entity Name 04-20-2004 90028 026 ***150 00 KHUN BANJONG, INC. Principal Place of Business Mailing Address 17720 SW 218 STREET MIAMI FL 33170 17720 SW 218 STREET, MIAMI FL 33170 44032223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 55 - 0846156 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RATISUDA MIANHANUS RASSNER, WAYNE H ESQ Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DRIVE **SUITE 510** SW 018 street 17720 **MIAMI FL 33156** City Miani Zip Code 3170 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. (RATSUDA MIANHANUS) President 4-10-04 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change плė TITLE Addition ☐ Delete MIANMANUS, RATSUDA NAME NAME 17720 SW 218 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33170** CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME MIANMANUS, BANJONG NAME 17720 SW 218 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33170** TITLE Delete ☐ Change - ☐ 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 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expolemental 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 empoymend 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 appreciase, with all other like empowered.

(RATSUDA MIANHANUS)

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED