



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90420 043 \*\*\*150.00

<b>DOCUMENT # P03000097539</b> 1. Entity Name <b>SHARP &amp; KANG DESIGN CONCEPTS INC.</b>					
Principal Place of Business <b>4808 SW 75TH AVE. MIAMI, FL 33155</b>			Mailing Address <b>4808 SW 75TH AVE. MIAMI, FL 33155</b>		
2. Principal Place of Business <b>360 NE 80th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>360 NE 80th St</b> Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">420143003</div>  <div style="margin-top: 10px;">           04292005    Chg-P    CR2E034 (10/03)         </div>	
City & State <b>Miami</b>		City & State <b>Miami</b>			
Zip <b>33134</b>		Zip <b>33134</b>			
Country <b>Miami dade</b>		Country <b>Miami dade</b>			
4. FEI Number <b>05-0584653</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARCIA, LOUIS D 13446 SW 62ND ST. MIAMI, FL</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: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHARP, WALTER</b> <b>2121 N. BAYSHORE DR., #514</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KANG, EUNAE</b> <b>2121 N. BAYSHORE DR., #514</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <b>Eunae Kang</b> 04/24/05    305 751 8455					