

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

05 JUL 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/25/05 90027 035 \$150.00



07132005 No Chg-P CR2E034 (10/03)

K. Eckel AUG 02 2005

4. FEI Number
54-2129221

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHYUNG, CHIE-YOUNG ESQ.
1550 MADRUGA AVENUE
SUITE 415
CORAL GABLES, FL 33146

**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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD KIM, DONG SUN 19323 S.W. 39TH STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D LEE, SANG SUB 19323 S.W. 39TH STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIM, DAVID S 19323 S.W. 39TH STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____