## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000102083

## May 02, 2008 8:00 am Secretary of State

05-02-2008 90161 045 \*\*\*150.00

ASIAN M	ARKET, INC.			Aſ			
Principal Plac	e of Business	Mailing Address	•	46	-		
· '	H HIMES AVENUE	1918 NORTH HIMES AVENUE TAMPA, FL 33607					
				04172008	No Chg-P CR	2E034 (11/05)	
<u>.</u>	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	, , , , , , , , , , , , , , , , , , , ,	Applied I	For
				54-212		Not Appl	
1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		en vet		- 5. Certificate	of Status Desired	\$8.75 Additional Fee Required	ı
	6. Name and Address of Current Re	gistered Agent				38	
JUNG, JAI	FH			D0	NOT MOI	ř	
1918 NOR	TH HIMES AVENUE			DO	NOT WRIT		
TAMPA, F	L 33607			IN T	HIS SPAC	E	
	named entity submits this statement for t	he purpose of changing its register	red office or register	ed agent, or both	n, in the State of Florida. I	am familiar with, and a	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature required	when reinstating}	DA	те	_
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS		26.4			
TITLE NAME	D JUNG, JAE H						
STREET ADDRESS	1918 NORTH HIMES AVENUE				3.2		
CITY-ST-ZIP	TAMPA, FL 33607						···
TITLE							
NAME STREET ADDRESS					A TANK THE STATE OF THE STATE O	for any	
CITY-SI-ZIP						4	'
TITLE				e dinta Serie	in the second of the second	4	
NAME	,			្រុក គេប្រក្បា	a commentation of the party of the		
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT WRI</b>	TE	* ;
TITLE	-			4	the production of the equition		* . * ]
NAME				IN I	THIS SPAC	<i>,</i> E	

12. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

4-30-08

Daytime Phone #