

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90121 028 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000112319

1. Entity Name
KOREAN GENERAL ENTERPRISES, INC.



40080923

Principal Place of Business
8639 NORTH HIMES AVENUE #2713
TAMPA, FL 33614

Mailing Address
8639 NORTH HIMES AVENUE #2713
TAMPA, FL 33614

2. Principal Place of Business
2821 Butterfly Landing Dr.
Suite, Apt. #, etc.

3. Mailing Address
2821 Butterfly Landing Dr.
Suite, Apt. #, etc.



05022005 Chg-P CR2E034 (10/03)

City & State Land O Lakes, FL
Zip 34638 Country 34638

City & State Land O Lakes, FL
Zip 34638 Country 34638

4. FEI Number 41-2114667
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOON, KWON DAE
8639 NORTH HIMES AVENUE #2713
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name MOON, K D
Street Address (P.O. Box Number is Not Acceptable)
2821 Butterfly Landing Dr.
City Land O Lakes FL Zip Code 34638

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MOON, KWONDAE	8639 NORTH HIMES AVENUE #2713	TAMPA, FL 33614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MOON, K D	2821 Butterfly Landing Dr.	Land O Lakes, FL 34638	

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

04/30/05 886
Date Daytime Phone #