



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000018135	
1. Entity Name ICHIBAN DAVIE, INC.	

Principal Place of Business 2411 S. UNIVERSITY DRIVE DAVIE, FL 33324 US	Mailing Address 2411 S. UNIVERSITY DRIVE DAVIE, FL 33324 US
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DO NOT WRITE IN THIS SPACE

 04232007 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-0657265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MOON, KIJU 2411 S. UNIVERSITY DRIVE DAVIE, FL 33324
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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 K. J. Moon

Signature must be printed name of registered agent and fee. (Applicable) (NOTE: Registered Agent signature required when submitting this form to the Secretary of State.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOON, KIJU 2411 S. UNIVERSITY DRIVE DAVIE, FL 33324
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12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOON KIJU / president 4-21-07 954-370-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR