

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90002 003 ***150.00

DOCUMENT # P04000019697 1. Entity Name JUNG IN INVESTMENT, INC.					
Principal Place of Business 12030 TUSCANY BAY DR #101 TAMPA, FL 33626			Mailing Address 11502 CASA MARINA WAY #102 TAMPA, FL 33635		
2. Principal Place of Business - No P.O. Box # 16619 NIKKI LANE		3. Mailing Address 16619 NIKKI LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ODESSA FL		City & State ODESSA FL		4. FEI Number 90-0141236	
Zip 33556		Country 		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 LEE, JUNG IN 12030 TUSCANY BAY DR #101 TAMPA, FL 33626			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16619 NIKKI LANE City ODESSA FL Zip Code 33556		
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 <u><i>Jung In Lee</i></u> DATE <u>5/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JUNG IN 12030 TUSCANY BAY DR #101 TAMPA, FL 33626 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16619 NIKKI LANE ODESSA FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jung In Lee</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/29/08</u> Daytime Phone #		

00044038



05292008 Chg-P CR2E034 (12/06)