2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P04000078088 1. Entity Name 04-25-2005 90223 020 ***150.00 HONG'S CORPORATION Principal Place of Business Mailing Address 5809 STONEWALL JACKSON RD ORLANDO FL 32807 5809 STONEWALL JACKSON RD ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 77. Stanewall Jackson rd 5777 Stonewall Tackson rd 4. FEI Number Applied For 201128908 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HONG, HARRY P Street Address (P.O. Box Number is Not Acceptable) 5809 STONEWALL JACKSON RD ORLANDO FL FL 32-807 Stonemall Teekson 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 8 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Change ☐ Addition HONG, SOON B 4007 AVALON PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32828 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HONG, KYUNG A NAME NAME STREET ADDRESS 4007 AVALON PARK E BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HONG, HARRY P NAME STREET ADDRESS 5809 STONEWALL JACKSON RD STREET ADDRESS CITY-ST-7IP ORLANDO FL 32807 CITY-ST-ZIP TITLE Delete TITLE Change Addition HONG, TAE E NAME NAME STREET ADDRESS 5809 STONEWALL JACKSON RD STREET ADDRESS CITY-ST-7IP ORLANDO FL 32807 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED