2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000106684

1. Entity Name

SARÁ JEANNE CORPORATION



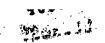
Principal Place of Business

Mailing Address

6604 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308-1410 6604 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308-1410

FILED Mar 14, 2006 8:00 am Secretary of State

03-14-2006 90036 017 ***150.00





DO NOT WRITE IN THIS SPACE

02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1377714

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Name | and Address | of Curr | ent Reg | istered | Agent |
|----|------|-------------|---------|---------|---------|-------|
| | | | | | | |
| | | | | | | |

YUN, DOK S 6604 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308-1410

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|--------------------------|---|--|----------------|--------------------------------|--|
| 8. The above the obligat | named entity submits this statement for the prions of registered agent. | urpose of changing its registere | d office or i | registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | | | | | |
| | Signature, typed or printed name of registered agent and title if | applicable. (NCTE; Registered | Agent agnature | required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10, | OFFICERS AND DIREC | TORS | | | |
| TITLE | | | | | |
| NAME | YUN, DOK S | | | | |
| STREET ADDRESS | 5714 NW 50TH DR, CORAL SPRINGS | | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL; 33067 | | | | |
| TITLE | v . | | į | | |
| NAME | YUN, DUK K | | | | |
| STREET ADDRESS | 5714 NW 50TH DR | | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 | | | | |
| TITLE | - | | | | |
| NAME | | | | | • |
| STREET ADDRESS | | | | DO | NOT WRITE |
| CITY-ST-ZIP | | | | טע | NO! WKIIE |
| TITLE | | | | IN " | THIS SPACE |
| NAME | | | | 117 | IIIIO OFACE |
| STREET ADORESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | i | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | · |
| NAME | | | | | |
| STREET ADDRESS | | | | | |

12. Thereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP

> LOMKOM

SIGNATURE AND TYPED OR PRINTED HAME

F DIF SIGNING OFFICER OR DIRECTOR

DOK 5 Yun 2-

2-23-06

954-938.

Daytime Phone #