2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 09, 2005 8:00 am Secretary of State

| DOCUMENT # P04000144530 1. Entity Name KIM'S AUDIO, INC. | | | | | | 07-11-2005 90119 034 ***150.00 | | | | | | | | |
|--|--|--|----------------------|-----------------------------|------------------------|--|---------------------|-----------------------|--------------------------|--------------------------------|--------------------------|-----------------------------|--|--|
| Principal Plac 113 SOUTH TAMPA, FL | MACDILL AVE., #B | Mailing Address 113 SOUTH MACDILL AVE., #B TAMPA, FL 33609 | | | | | 66025656 | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 Principal Place of Business 2004/ RLUFF OAK BLVD | | 3. Mailing Address | | ONK BLVD | | | | N BANDA BANK | EBW BAIA I | D) | BARRA (ALLA D) | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | 0708200 |)5 | Chg-F | • | CR2E034 | (10/03) | | | |
| City & State TAMPA FL | | City & State TAMPA | | FL | | 4. FEI Nu | mber | - 0: | 27 <i>87</i> 7 | 15 | | pplied For ot Applicable | | |
| Zip Country 3 3 6 4 7 | | Zip 33 647 | ntry | 5. Certific | | | 7 | | 3.75 Ad e Reguire | ditional | | | | |
| / 6. Name and Address of Current Registered Agent 7. Name and Address of Naw Registered Agent | | | | | | | | | | | | | | |
| KIM, PAN | | • | | Name | <i>(</i> (| D.O. Courthu | | . Al-s. A | | | | | | |
| 113 SOUTH MACDILL AVE., #B TAMPA, FL 33609 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | | | | City | | | | | | | Zin Cod | | | |
| City | | | | | | FL Zip Code | | | | | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fforlda. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | | | |
| SIGNATURE Signature, typed or priving name of registered agers and title of applicable. (NOTE: Registered Agent agriculte required when reinstaturg) DATE | | | | | | | | | | | | | | |
| FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., th | | | | | | | | | | | | | | |
| 1 | ue by September 7, 2005 | Trust Fund Cont | | | Adde | ed to Fees | Ğ | orporati | on did no | receive ti | he prior | notice. | | |
| 10. | OFFICERS AND I | | 11. | | | ADDITIO | NS/CH | ANGES | TO OFFICE | RS AND D | , | | | |
| TITLE | D KIM, PAN TAK | ☐ Celete | TITL NAM | | | | D | | | | Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 113 SOUTH MACDILL AVE., #B TAMPA, FL 33609 | | | ET ADDRESS -ST-ZIP | | O41 MPA | | | 336 | BLVI 47 | > | | | |
| 1M.E | | ☐ Deleta | 11ft | - | ,, | . ,, | | <u> </u> | | | Change | ☐ Addition | | |
| STREET ADDRESS | | | NAU STRI | EET ADORESS | | | | | | | | | | |
| CITY-SI-ZIP | | | _ | -S7-78P | | | | | | | 3 00 | | | |
| MAME | | ☐ Oeleta | TITL HAM | | | | | | | i. |] Change | ☐ Addition | | |
| STREET ADDRESS DITY-ST-ZIP | | | | et adoress -51-2p | | | | | | | | | | |
| TITLE | | ☐ Delets | mu | | | | | | | Ċ | Change | Addition | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | | | | | |
| TITLE | | Deleta | CITY TITL | -ST-ZIP | | | | | | F | Change | ☐ Addition | | |
| NAME | | C. Ocea | NAM | E | | | | | | _ | , w | | | |
| CITY-ST-ZIP | | | 1 | ET ADDRESS -ST-ZIP | | | | | | | | | | |
| TITLE NAME | | ☐ Delete | TITL | | | | | | | | Change | ☐ Addition | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | | | | | |
| 12. 1 hereby | certify that the information supplied with | this filing does not qualify fo | the exa | motion state | ect in Sec | tion 119.07 | (3Yi) E | iorida Str | atudes. I fur | ther certify | that the in | lormation | | |
| indicated of the cor | on this report or supplemental report is reportation or the receiver outrustee empor | true and accurate and that r wered to execute this report | my signa as requi | ture shall ha red by Cha | ive the s pter 607, | amo legal e Florida Stal | foct as tutes, a | if made and that n | under oath ny name aj | r, that I am a opears in Bl | an officer lock 10 or | or director Block 11 if | | |
| Gizingeu, | 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 eath; that I am an officer or director of the corporation or the receiver or brustee 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, while all other like empowered. | | | | | | | | | | | | | |

SIGNATURE:

TUBE AND TYPESOR PRINTED THE BUSINESS OFFICER OR DIRECTO

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Daythn