## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

SIGNATURE:

## Jul 21, 2005 8:00 am Secrétary of State **DOCUMENT # P04000150327** 07-21-2005 90029 015 \*\*\*150.00 1. Entity Name C&P GLOBAL ENTERPRISE, INC. Principal Place of Business Mailing Address 1853 MCCOY RD. P.O. BOX 48000 ORLANDO, FL 32809 DORAVILLE, GA 30362 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07182005 Applied For City & State City & State 4 FFI Number 20185542 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHO, YONG J P Acceptable) 1853 MCCOY RD. ORLANDO, FL 32809 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 SIGNATURE (NOTE: Registered Agent sig \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change Addition TITLE TITLE i. : Delete NAME CHO, YONG J NAME 1853 MCCOY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP SD Delete TITLE Change Addition TITLE PARK, YOUNG S NAME NAME 1853 MCCOY RD. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TD ☐ Delete TITLE TITLE CHO, YONG H NAME NAME STREET ADDRESS 1853 MCCOY RD. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Young S. Pack

FILED