2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000155848** 05-02-2005 90435 039 ***150.00 1. Entity Name BEST AMERICAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 800 N. FERNCREEK AVE. 800 N. FERNCREEK AVE. #16 #16 ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-1887468 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent loung BYUN, JENG H Street Address (P.O. Box Number is Not Acceptable) 800 N. FERNCREEK ORLANDO, FL 32803 Onlando Fi 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 (NOTE: Registered Agent sig 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD TITLE ■ Delete TITLE ☐ Change ☐ Addition BYUN, JENG H NAME NAME 800 N. FERNCREEK AVE., #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KANG, KON T 3. NAME . NAME 800 N. FERNCREEK AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL \$2803 CITY-ST-ZIP TITLE ☐ Delete TITLE T Change Addition NAME PARK, JOUNG KI NAME 800 N. FERNCREEK AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL: 32803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 emiglowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED