2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

AITHORE REPORT				sceretary or state			
DOCUMENT # P06000042271 1. Entity Name EIRAH, INC.				A		90100 004 ***	
Principal Place 1095 BERKL AUBURNDALI	EY ROAD	Mailing Address 1095 BERKLEY ROAD AUBURNDALE, FL 33823				AZIII AIAIN IIZYA IZAII 18AN	1 (1 0) 11 11 11 11 11 11 11

D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 20-456			Applied For Not Applicable
	6. Name and Address of Current Re	nistered Agent	-		of Status Desired	\$8.75 A	Additional
KIM, JINKOO 1095 BERKLEY ROAD AUBURNDALE, FL 33823			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Flo	ida. I am familiar wi	ih, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	ed Agent signature required	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI VTD KIM, JINKOO 1095 BERKLEY ROAD AUBURNDALE, FL 33823	RECTORS	-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-		NOT W		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing 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 executablish 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/3

Daytime Phone #