

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90262 029 ***150.00

DOCUMENT # P06000109191 1. Entity Name NARIJINO, INC.			
Principal Place of Business 495 MICKLETON LOOP OCOEE, FL 34761		Mailing Address 495 MICKLETON LOOP OCOEE, FL 34761	
2. Principal Place of Business - No P.O. Box # 106 Hancock Bridge Pkwy Suite, Apt. #, etc. Suite A-1 City & State Cape Coral, FL Zip 33991 Country USA		3. Mailing Address 106 Hancock Bridge Pkwy Suite, Apt. #, etc. Suite A-1 City & State Cape Coral, FL Zip 33991 Country USA	
4. FEI Number 20-5404435		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KIM, JOONG SEOK 495 MICKLETON LOOP OCOEE, FL 34761	
7. Name and Address of New Registered Agent Name Kim, Joong Seok Street Address (P.O. Box Number is Not Acceptable) 106 Hancock Bridge Pkwy Suite A-1 City Cape Coral FL Zip Code 33991		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 <small>Signature required or printed name of registered agent and fee if applicable</small>		DATE 1/11/07 <small>(NOTE: Registered Agent signature required when reinstating.)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim, Joong Seok 106 Hancock Bridge Pkwy Cape Coral, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		president Date 1/11/07	