

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 016 ***150.00

DOCUMENT # P06000124736

1. Entity Name
J & C ORIENTAL FOOD CORPORATION



Principal Place of Business
**4866 EDGEWATER DRIVE
ORLANDO, FL 32804 US**

Mailing Address
**4866 EDGEWATER DRIVE
ORLANDO, FL 32804 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8121 VIA BELLA NOTTE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292008

Chg-P

CR2E034 (12/06)

City & State

City & State

ORLANDO, FL

4. FEI Number

20-5628928

Applied For

Not Applicable

Zip

Country

Zip

32836

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIM, JULIANA H
4866 EDGEWATER DRIVE
ORLANDO, FL 32804**

Name **KIM, CHONG IL**

Street Address (P.O. Box Number is Not Acceptable)
8121 VIA BELLA NOTTE

City **ORLANDO**

FL

Zip Code **32836**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **KIM, JULIANA H**
STREET ADDRESS **4866 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KIM, CHONG IL**
STREET ADDRESS **4866 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **P** ☒ Change ☐ Addition
NAME **KIM, CHONG IL**
STREET ADDRESS **8121 VIA BELLA NOTTE**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **S** ☐ Delete
NAME **KIM, CHAN OK PARK**
STREET ADDRESS **4866 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **VP** ☒ Change ☐ Addition
NAME **KIM, CHAN OK PARK**
STREET ADDRESS **8121 VIA BELLA NOTTE**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/28/08

407-353-0236