

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 022 ***150.00

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1. Entity Name

KSJSJ, INC.



Principal Place of Business

51 EAST DUNLAWTON AVENUE
PORT ORANGE FL 32127

Mailing Address

51 EAST DUNLAWTON AVENUE
PORT ORANGE FL 32127

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

1980 S. Ridgewood Ave.

Suite, Apt. #, etc.

3. Mailing Address

1980 S. Ridgewood Ave.

Suite, Apt. #, etc.

City & State

South Daytona FL

Zip
32119

Country

Volusia

City & State

South Daytona FL

Zip
32119

Country

Volusia

4. FEI Number

83-0500203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

KIM, JOON Y
51 EAST DUNLAWTON AVENUE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name Kim, Joon Y.
Street Address (P.O. Box Number is Not Acceptable)
1980 S. Ridgewood Ave
City South Daytona FL Zip Code 32119

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 reinstalling)

DATE

4/29/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KIM, JOON Y
STREET ADDRESS 51 EAST DUNLAWTON AVENUE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 Section 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: X *JOON Y KIM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/28/08

Date

X 386-760-4593

Daytime Phone #