

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90023 010 \*\*\*150.00

4000009Z



01032005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0374089** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JUNG, ROBIN P  
7194 AUGUSTA BLVD.  
SEMINOLE, FL 33777

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 *Joyce Jung*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JUNG, F. PETER	<i>deceased</i>
STREET ADDRESS	14303 SW 80TH AVENUE	
CITY - ST - ZIP	MIAMI, FL 33158	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JUNG, JOYCE	
STREET ADDRESS	14303 SW 80TH AVENUE	
CITY - ST - ZIP	MIAMI, FL 33158	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JUNG, ROBIN P	
STREET ADDRESS	14303 SW 80 AVENUE	
CITY - ST - ZIP	MIAMI, FL 33158	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JUNG, GREGORY	
STREET ADDRESS	14303 SW 80 AVENUE	
CITY - ST - ZIP	MIAMI, FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jung, Joyce	
STREET ADDRESS	8950 Park Blvd. #510	
CITY - ST - ZIP	Seminole, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing 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 empowered.

SIGNATURE: *Joyce Jung*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 727-3948792  
Date Daytime Phone