


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90039 033 \*\*\*150.00

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|--|--|---|---|--|--|
| <b>DOCUMENT # P94000032571</b>   |  |   |   |                       |  |
| <b>1. Entity Name</b><br><b>CHONG IL KIM ACQUISITION CORPORATION</b>   |  |   |   |  |  |
| <b>Principal Place of Business</b><br>500 DEVONSHIRE BLVD.<br>LONGWOOD, FL 32750   |  |   | <b>Mailing Address</b><br>500 DEVONSHIRE BLVD.<br>LONGWOOD, FL 32750  |  |  |
| <b>2. Principal Place of Business</b><br>8121 Via Bella Notte  |  | <b>3. Mailing Address</b><br>8121 Via Bella Notte |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                               |   |  |  |
| City & State<br>Orlando, FL  |  | City & State<br>Orlando, FL                       |   | <b>4. FEI Number</b><br>59-3255401   |  |
| Zip<br>32836   |  | Country<br>U.S.A.                                 |   | Applied For<br>Not Applicable  |  |
| Zip<br>32836   |  | Country<br>U.S.A.                                 |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>F & L CORP.<br>ONE INDEPENDENT DRIVE<br>SUITE 1300<br>JACKSONVILLE, FL 32202   |  |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="text-align: right;">FL Zip Code</div> |  |  |
| <b>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.</b>   |  |   |   |  |  |
| SIGNATURE _____ DATE <u>2/21-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P <input type="checkbox"/> Delete<br>KIM, CHONG IL<br>500 DEVONSHIRE BLVD<br>LONGWOOD, FL  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S <input type="checkbox"/> Delete<br>KIM, CHAN OK<br>500 DEVONSHIRE BLVD<br>LONGWOOD, FL   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |   |  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Kim, Chong IL<br>8121 Via Bella Notte<br>Orlando, FL 32836 |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Kim, Chan OK<br>8121 Via Bella Notte<br>Orlando, FL 32836  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |  |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> _____ <u>2/21-05</u> <u>407-353-0236</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |