2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000050663

1. Entity Name
IN JI, INCORPORATED



Principal Place of Business

126-09 GULF BLVD

TREASURE ISLAND, FL 33706 US

Mailing Address

12609 GULD BLVD

TREASURE ISLAND, FL 33706 U

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90177 038 ***150.00

ranszansz



04232005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3255109

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

JI-WAN, KIM 12609 GULF BLVD TREASURE ISLAND, FL 33706

CITY-ST-ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| TREASURE ISLAND, FL 33706 | | | IN THIS SPACE | | | |
|---------------------------------------|--|--|-----------------|--------------------------------|--|--|
| | named entity submits this statement for the pui ions of registered agent. | urpose of changing its registere | d office or re | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if | applicable. (NOTE: Registered | Agent signature | required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing 🗀 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JI-WAN, KIM 12609 GULF BLVD TREASURE ISLAND, FL | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | |

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 trusteelempowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR