

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90133 002 \*\*\*150.00

DOCUMENT # P95000018340

1. Entity Name  
C & L TRADING OF MIAMI, INC.



Principal Place of Business  
2400 N.W. 5TH AVENUE  
MIAMI, FL 33127

Mailing Address  
2400 N.W. 5TH AVENUE  
MIAMI, FL 33127

**50006449**



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0565438

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEE, SANG K  
2400 NW 5TH AVE  
#9  
MIAMI, FL 33127

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
LEE, SANG K  
16310 PADDOCK LANE  
FORT LAUDERDALE, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~VP~~  
~~JANG, SUNG K~~  
~~2400 NW 5TH AVE~~  
~~MIAMI, FL 33127~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KIM, HAKMIN VP  
2400 NW 5TH AVE  
MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KIM, RAPHAEL VP  
2400 NW 5TH AVE  
MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

3/28/06