

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 008 ***150.00

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1. Entity Name
WOO SUNG CORPORATION



Principal Place of Business
**5065 EDGEWATER DRIVE
ORLANDO, FL 32810**

Mailing Address
**5065 EDGEWATER DRIVE
ORLANDO, FL 32810**

94029493



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3362826

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

**OMBRES, ALEXANDER J
801 NORTH MAGNOLIA AVENUE
SUITE 201
ORLANDO, FL**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MOON, BONG R**
STREET ADDRESS **2042 HEATHEROAK DRIVE**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D**
NAME **MOON, SUNG J**
STREET ADDRESS **5065 EDGEWATER DR**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D**
NAME **WOO, SOON W**
STREET ADDRESS **2042 HEATHEROAK DRIVE**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 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: *[Signature]* **President** 3-11-04 407/295-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #