FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90426 014 ***150.00

DOCUMENT # P97000030068 CHUN MA ENTERPRISES, INC.				70054465	
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address					
6421Lake Tern Lane		6421 Lake Tern Lane			
		Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Coconut Creek, FL		City & State Coconut Creek, FL		4. FEI Number 65-0740576	Applied For Noi Applicable
Zip Country 33073		Zip 33073	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
3307			352 to 50,563 (52)	7. Name and Address of Current R	<u></u>
Name DO NOTWRITE Street Address (P.O. Box Number is Not Acceptable)					
Street Address (P.O. Box Number is Not Acceptable)					
,	IN INIOSP	AVE ENGLISH			
			City		FL Zio Gode
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					
SIGNATURE 4/20/03					
Signature of puritied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance) 9. This is convertion is obtained a gratiefy its Invancible. Signature of purities are of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance).					
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May, Amended	ay 1 Fee (s \$150.00 1; Fee is \$550.00 UBR is \$61.25 le to Department of Stat	10. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees
11	OFFICERS AND E	RECTORS		CONTRACTOR OF THE CONTRACTOR O	
TITLE NAME	P Kim, Cheon Sam		NAME	The set of the second s	
STREET ADDRESS CITY - ST - AIP	6421 Lake Tern Lane Coconut Creek, FL 33073		STREET ADDRESS		ape
TITLE	VPS	<u> </u>	MILE STORY		
NAME STREET ADDRESS	Kim, Sun Y 6421 Lake Tern Lane Coconut Creek, FL 33073		NAME STREET ADDRESS CCIY: ST. ZIP.		
CITY-ST- &P					
TITLE NAME			TITLE SAME		
STREET ADDRESS			STREET ADDRESS	DO NOT V	VRITE
CITY-S1-ZIP			CITY ST ZIP	Contenting to the Content of the Con	
NAME			NAME 5.4	IN THIS S	PACE
STREET ADDRESS CITY+ST+YIP			STREET ADDRESS		*
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NAME STREET ADDRESS			STREET ADDRESS		
CITY-\$1-7IP			CITY-S1-ZIP	A CONTRACTOR OF THE CONTRACTOR	
TITLE NAME			THILE IN THE NAME OF THE NAME		
STREET ADDRESS CHTY-S1-7IP		,	STREET ADDRESS		
13. I hereby certify that the information supplied with this fing 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 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 true employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an address, with a property of the corporation of the corporation of the receiver or true employees.					
1/2					
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Data Data Data Data Data Data Dat					