

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL
AND
FILED
04 NOV 15 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056719

1. Entity Name
CHON'S FOOD MART, INC.



Principal Place of Business
929 N DIXIE HWY
LAKE WORTH, FL 33460

Mailing Address
929 N DIXIE HWY
LAKE WORTH, FL 33460 US



2. Principal Place of Business
12443 80th Lane North
Suite, Apt. #, etc.

3. Mailing Address
12443 80th Lane North
Suite, Apt. #, etc.

11042004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL.
Zip Country
33409 USA

City & State
West Palm Beach, FL.
Zip Country
33409 USA

4. FEI Number
65-0766491

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHON, BONG S
929 N DIXIE HWY
LAKE WORTH, FL 33460

Name
MYUNG SUN CHON
Street Address (P.O. Box Number is Not Acceptable)
12443 80th Lane North
City
West Palm Beach FL Zip Code
33409

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]* 11/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CHON, BONG S 929 N DIXIE HWY LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MYUNG SUN CHON 12443 80th Lane North West Palm Beach, FL. 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 11/6/04 561-792-9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #