

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90212 028 \*\*\*150.00

**DOCUMENT # P97000066207**

1. Entity Name  
MMK ENTERPRISES, INC.



Principal Place of Business  
113 SOUTH MACDILL AVE.  
#B  
TAMPA, FL 33609

Mailing Address  
113 SOUTH MACDILL AVE.  
#B  
TAMPA, FL 33609

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3459803

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CHOI, KI H. CPA  
113 SOUTH MACDILL AVE.  
#B  
TAMPA, FL 33609

**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 D  
NAME CHOI, KI H.  
STREET ADDRESS 113 SOUTH MACDILL AVE. #B  
CITY - ST - ZIP TAMPA, FL 33609

TITLE D  
NAME KIM, CHOON D  
STREET ADDRESS 113 S MACDILL AVE # 13  
CITY - ST - ZIP TAMPA, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 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:**

*Choon Duk Kim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-06

Date

Daytime Phone #