

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090347

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: JUN KIM'S MARTIAL ARTS CENTER, INC.

**Current Principal Place of Business:**

10024 W. OAKLAND PARK BLVD  
SURISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

10024 W. OAKLAND PARK BLVD  
SURISE, FL 33351 US

**New Mailing Address:**

FEI Number: 65-0792956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIM, JUN  
10024 W. OAKLAND PARK BLVD  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KIM, JUN H  
Address: 8017 NW 72 ND ST  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: KIM, EUN S  
Address: 8017 NW 72ND ST  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUN KIM

D

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date