

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90229 009 \*\*\*150.00

**DOCUMENT # P98000030661**

1. Entity Name  
**SAM OH JUNG RESTAURANT, INC.**



Principal Place of Business  
**6032 14TH STREET WEST  
BRADENTON, FL 34207**

Mailing Address  
**3156 57TH AVE CIRCLE EAST  
BRADENTON, FL 34203**

**00055710**



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3343274**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIM, YONG O  
3156 57TH AVE CIRCLE EAST  
BRADENTON, FL 34203**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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           | LIM, YONG O           |
| STREET ADDRESS | 6032 14TH STREET WEST |
| CITY- ST- ZIP  | BRADENTON, FL 34207   |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-06

Date

(941) 555-3568

Daytime Phone #