

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000055819		
1. Entity Name GRANT HWANG SERVICES, INC.		
Principal Place of Business 5366 GREY HERON LN JACKSONVILLE, FL 32257		Mailing Address 4401 EMERSON ST #8 JACKSONVILLE, FL 32207
DO NOT WRITE IN THIS SPACE		
		 02082006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3517328
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HAN, SARA 4401 EMERSON ST, #8 JACKSONVILLE, FL 32207		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 retaking)		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HWANG, UTSU 5366 GREY HERON LN JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HWANG, MI 5366 GREY HERON LN JACKSONVILLE, FL 32257	
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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		Date _____ Daytime Phone # _____