04/26/2005 06:53 7724602271 PAUL YOUNG

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Secretary of State
05-02-2005 90991 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000107743

1. Entity Name
KWON'S TIRE & SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
461 S.W. PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952	461 S.W. PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952

50046599

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2271926
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ.
701 NORTHPOINT PKWY., S-330
WEST PALM BEACH, FL 33407

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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 _____ DATE
(Typed name, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	YOON, SUNG HUN
STREET ADDRESS	461 S.W. PT. ST. LUCIE BLVD.
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	VSD
NAME	YOON, HI KYUNG
STREET ADDRESS	461 S.W. PT. ST. LUCIE BLVD.
CITY ST ZIP	PT. ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: _____ 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF MISSING OFFICER OR DIRECTOR Date Daytime Phone #