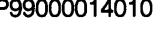
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000014010

1. Entity Name GINA FASHION, INC.





Principal Place of Business Mailing Address 3235 CENTRAL AVENUE 3235 CENTRAL AVENUE

SAINT PETERSBURG FL 33713 SAINT PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

FILED	
May 01, 2003 8:00 ar	ŋ
Secretary of State	

05-01-2003 90986 005 ***150.00



DATE

7. Name and Address of New Registered Agent KIM. JAE H Street Address (P.O. Box Number is Not Acceptable) 1502 W BUSCH BLVD STE A2 **TAMPA FL 33612** Zip Code City

В.	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.	

11.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Change Addition **PSTD** TITLE TITLE ☐ Delete PAK, JIN H NAME NAME STREET ADDRESS 3235 CENTRAL AVENUE STREET ADDRESS SAINT PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

Jin H. Pak 4 Date