FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 24, 2002 8:00 am Secretary of State

					•		_	Secretary of State	•	
DOCUMENT # P99000 106052 1. Entity Name							05-24-2002 91336 039 ***150.00			
J4	<u>T</u>	House of	Vani	ty						
[DO N	OT WRITE	IN TH	IS SI	PAC	E				
2. Principal Pl	ace of Busin	10SS	3. Mailing Ad	dress						
1626 E			20026	N.E 6	th Co	urt Circli	و			
Suite, Apt.			Suite, Apt.	#, etc.	-			DO NOT WRITE IN THIS SPACE	_	
City & State	in Bea	City & State North Miami Beach				4. [FEI Number 65 - 09661773 Applied For Not Applicable	}		
Zip 33064 Country Brow and			Zip Country 33179 Dade			ıtry	5. (5. Certificate of Status Desired \$8.75 Additional Fee Required		
		D 10-10			<u>-</u>		7. Na	ame and Address of Current Registered Agent]	
						Name 51	ang	mo Shin	1	
· -		O NOT W	RITE			Street Address (P.O. Box Number is Not Acceptable)		7		
	11	N THIS SP	MCE		20026 1			=. 6th Court Circle	┥	
			AUL]	
						City Nort	h N	Miami Beach FL Zip Code 179		
8. The above	named entit	ty submits this statement fo	r the purpose of	changing its	register			gent, or both, in the State of Florida.		
	/	Ju de	Sung M	- •				4/20/02		
SIGNATURE .	Signature: typed	Tor printed name of registered agent			· •	ed Agent signature requ	ired when r	cinstating) DATE		
9. This corpo	ration is elic	pible to satisfy its Intangible	Ja			ee is \$150.00		10. Election Campaign Financing \$5.00 May Be		
Tax filing r	equirement	and elects to do so.				is \$550.00 is \$61.25		Trust Fund Contribution. Added to Fees		
`	ria on back)			heck Paya	ble to D	epartment of S	tate		-	
11.	224.0	OFFICERS AND	DIRECTORS	-	TITL				18	
TITLE NAME	Director Suna Mo Shin				NAN	1			12	
STREET ADDRESS	EETADDRESS 20026 E. Sample RA				STR	EET ADDRESS			48	
CITY-ST-ZIP					CIT	/-ST-ZIP			CR2E034B (12/01)	
TITLE	Director					E			18	
NAME STREET ADDRESS					NAM STR	EET AODRESS				
CITY-ST-ZIP					CIT	r-ST-ZIP				
TITLE	1				TIT	E			1	
NAME					NAA					
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP		DO NOT WRITE		
TITLE		a company of the same of the s			i-imi	.E =====		IN THIS SPACE	1	
NAME					NAM			IN THIS STACE		
STREET ADORESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP				
					1111				1	
TITLE NAME					NAI					
STREET ADDRESS						EET ADDRESS				
CITY-ST-ZIP					-	Y-ST-ZIP			1	
TITLE					TITI	į				
NAME STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP				J. 4		Y-ST-ZIP			4	
								119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 11 or on an		
of the co attachme	rporation or ent with an a	the receiver or trustee employees, with all other life er	npowered to execute mpowered.				-	4/20/02 305 962 4966		
SIGNAT	rure.	Jan Har	ζ	<u>5</u> 4	ng 1	Mo Sh	· n	1/20/07 303 702 1466		
5.5.77		SIGNATURE AND TYPED OR	PRINTED NAME OF S	IGNING OFFICE	R OR DIREC	TOR		Date Daytime Phone #		