2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90153 023 ***150.00

DOCUMENT # S17159

1. Entity Name
KIM'S MARKET, INC.

Principal Place of Business	Mailing Address
910 PINETREE DR. INDIAN HARBOUR BEACH, FL 32937	910 PINETREE DR. INDIAN HARBOUR BEACH, FL 32937

04082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3043699 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACCHIA, WILLIAM F. 910 PINETREE DR. INDIAN HARBOUR BEACH, FL 32937	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACCCHIA, YONG SUN 910 PINETREE DR INDIAN HARBOUR BCH, FL	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ILIM CHO 910 PINETREE DR INDIAN HARBOUR BCH FL	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JACCHIA, WILLIAM F 910 PINETREE DR INDIAN HARBOUR BCH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEOK CHO 910 PINETREE DR INDIAN HARBOUR BCH FL.	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAE, SSANGO Y 910 ANE TREE DR INDIAN HARBOUR, FL 32937	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAE, HYUNG K 910 PINETREE DR INDIAN HARBOUR, FL 32937	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: William F Jacchia WILLIAM F JACCHIA 9APR05 321-779-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #