


**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # S74980

1. Entity Name

KWACK'S, INC.



Principal Place of Business

Mailing Address

117 N. NARANJA AVE  
PORT SAINT LUCIE FL 34983

117 N NARANJA AVE.  
PORT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

65-0284892

Applied For

Not Applied

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

KWACK, YONG UN  
1702 AVENUE "D"  
FORT PIERCE FL 34950

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

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

(NOTE: Registered Agent signature required when non-attorney)

DATE

FILE NOW!!! FEE IS \$150.00.  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May

Trust Fund Contribution

☐

Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KWACK, YONG UN		NAME		
STREET ADDRESS	1702 AVENUE "D"		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KWACK, CHANGPU		NAME		
STREET ADDRESS	1702 AVENUE "D"		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemptions contained in Section 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: Yong Un Kwack Chang Pu Kwack 2-24-06 272


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Expiration Date

Feb 27, 2006 08:00 AM

Secretary of State



1st MOORE CR2E034 (10/05)