


FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90028 021 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S74980			
1. Entity Name KWACK'S, INC.			
Principal Place of Business 117 N. NARANJA AVE PORT SAINT LUCIE, FL 34983		Mailing Address 117 N NARANJA AVE. PORT ST LUCIE, FL 34983	
2. Principal Place of Business - No P.O. Box # 9244 Short Chip Circle		3. Mailing Address 9244 Short Chip Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St Lucie, FL		City & State Port St Lucie, FL	
Zip 34986	Country US	Zip 34986	Country US
4. FEI Number 65-0284892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KWACK, YONG UN 117 N. NARANJA AVE PORT SAINT LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9244 Short Chip Circle City Port St Lucie FL Zip Code 34986	
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 <u>Chang Pu Kwack</u> <u>CHANG PU KWACK</u> <u>3-31-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VSD KWACK, YONG U 117 N. NARANJA AVE PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9244 Short Chip Circle Port St Lucie, FL 34986
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Chang Pu Kwack</u> <u>CHANG PU KWACK</u> <u>3-31-08</u> <u>772-921</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			