


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001733**

1. Entity Name  
DAEKYO USA, INC.



Principal Place of Business  
701 E PALISADE AVE, #201  
ENGLEWOOD CLIFFS, NJ 07632

Mailing Address  
701 E PALISADE AVE, #201  
ENGLEWOOD CLIFFS, NJ 07632

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0488064

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD CHANG, SE WHA 701 E PALISADE AVE, #201 ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPSD WOO, SANG HOON 701 E PALISADE AVE, #201 ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTD LEE, JONG II 701 E PALISADE AVE, #201 ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, TAE Y 701 E PALISADE AVE, #201 ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, JOON H 701 E PALISADE AVE, #201 ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000374507  
07/26/05-80003-004 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ Date: 7/21/05 Daytime Phone #: 201-894-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR