2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F80570 1. Entity Name PANKOR INVESTMENTS, INC.

FILED Feb 12, 2008 08:00 AM Secretary of State

Principal Place of Business

10404 BIT AND SPUR LANE POTOMAC, MD 20854

Mailing Address

10404 BIT AND SPUR LANE POTOMAC, MD 20854



חח	NOT	WRITE	IN THIS	SPACE

02052008 CR2E034 (11/05) No Chg-P

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, CHANG GUN

964 RIVER EDGE COURT LONGWOOD, FL 32779				IN THIS SPACE			
	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable (NOTE: Registere	1 Agent signature	required when reinstating)	DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000925486 02/21/08-80011-010 150.00		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT D YIM, YEUW S 14800 HOOVER STREET WESTMINSTER, CA 92683 P SHIN, SI W 6451 SOUTHWING CL COLUMBIA, MD 21044 V PARK, JOO S 10404 BIT AND SPUR LANE POTOMAC, MD 20854	CTORS			NOT WRITE THIS SPACE		
CITY-ST-ZIP TITLE NAME							

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.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE. ND TYPED OR PRINTED NAME OF SIGNING OF