


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 852154

1. Entity Name
 KIET INVESTMENT, INC.



Principal Place of Business
 C/O TRIZEL
 250 CATALONIA AVENUE, SUITE 305
 CORAL GABLES, FL 33134

Mailing Address
 C/O TRIZEL
 250 CATALONIA AVENUE, SUITE 305
 CORAL GABLES, FL 33134



07202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1731672

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIALASTRI, THOMAS
 250 CATALONIA AVENUE
 SUITE 305
 CORAL GABLES, FL 33134

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 \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NARDI, ETTORE 250 CATALONIA AVE #305 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARIZA, ANGELES 250 CATALONIA AVE. #305 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAVALLORI, RENZO D 250 CATALONIA AVE. #305 CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168371
 07/26/04-80011-002 150.00

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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)(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: _____ **7/26/04** **(305) 441-0040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caylene Phone #