

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000133683

1. Entity Name
KYOJIN OF MIAMI, INC.



Principal Place of Business

**6212 S DIXIE HWY
MIAMI, FL 33143**

Mailing Address

**6212 S DIXIE HWY
MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3574387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, RAYMOND
2835 HOFFMAN DR
ORLANDO, FL 32837**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
**D
TAN, TIONG K
10723 GRANDE PALLADIUM WAY
BOYNTON BEACH, FL 33436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, BIH YUN CHIOU
17448 SW 36TH STREET
MIRAMAR, FL 33436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, YI T
5200 N UNIVERSITY DR
LAUDERHILL, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, SHIN F
5200 N. UNIVRSITY DR
LAUDERHILL, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SUN, PAI I
5200 N. UNIVERSITY
LAUDERHILL, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, BIH YUN C
17448 SW 36TH ST
MIRAMAR, FL 33029**

U000000792298
01/24/08-80002-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Raymond Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/20/08 (305) 722-1888