

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90032 047 ***150.00

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1. Entity Name

KYP INVESTMENT CORP.



Principal Place of Business

2098 NW 20 STREET
#5
MIAMI FL 33142
US

Mailing Address

2098 NW 20 STREET
#5
MIAMI FL 33142
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2801 NW 5th Ave

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

City & State

MIAMI, FL

4. FEI Number

65-1030531

Applied For

Not Applicable

Zip

Country

Zip

FL 33127

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREVITA, PETER ESQ.
5825 SUNSET DRIVE
SUITE 210
SOUTH MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PARK, YU SHIN
STREET ADDRESS 2098 NW 20 STREET, #5
CITY-ST-ZIP MIAMI FL 33142

TITLE VPD ☐ Delete
NAME HAN, EDSON
STREET ADDRESS 2098 NW 20 STREET, #5
CITY-ST-ZIP MIAMI FL 33142

TITLE SD ☐ Delete
NAME PARK, BUM JOON
STREET ADDRESS 2098 NW 20 STREET, #5
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edson Han - Edson Han
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04
Date

305-572-1212
Daytime Phone #