

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90030 020 \*\*\*150.00

**DOCUMENT # 845355**

1. Entity Name  
**KYOTO CORPORATION**



Principal Place of Business Mailing Address  
**7350 NW 34TH ST 9050 SW 78 COURT**  
**MIAMI, FL 33122 US MIAMI, FL 33156** MIAMI, FL 33156-7539 US

2. Principal Place of Business 3. Mailing Address  
**9050 SW 78th Ct.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami FL**

Zip Country Zip Country  
**33150-7539 USA**

02012006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
**59-2006266** Not Applicable

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

6. Name and Address of Current Registered Agent

**HENRIQUEZ, RICARDO E**  
**7350 NW 34 STREET 9050 SW 78 COURT**  
**MIAMI, FL 33122 MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name **HENRIQUEZ, Ricardo E. (Same)**  
Street Address (P.O. Box Number is Not Acceptable)  
**9050 SW 78 COURT**  
City **MIAMI** FL Zip Code **33156**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, RICARDO	
STREET ADDRESS	9050 SW 78TH CT	
CITY-ST-ZIP	MIAMI, FL 331567539	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HENRIQUEZ, BARBARA	
STREET ADDRESS	9050 SW 78TH CT	
CITY-ST-ZIP	MIAMI, FL 331567539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/06** **305-342-5611**