2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #845355

1. Entity Name KYOTO CORPORATION



Principal Place of Business

9050 SW 78TH CT MIAMI, FL 33156-7539 US Mailing Address

9050 SW 78TH CT MIAMI, FL 33156-7539 US

FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90167 033 ***150.00

40015



DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2006266

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRIQUEZ, RICARDO E 9050 SW 78TH ST MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or i	egistere			n, in the Stat			*	r with, a	ınd accept
SIGNATURE	d Agent signatur	DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							_			
10.	OFFICERS AND DIREC	TORS										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRIQUEZ, RICARDO 9050 SW 78TH CT MIAMI, FL 331567539			÷.			II.,		+44		~;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HENRIQUEZ, BARBARA 9050 SW 78TH CT MIAMI, FL 331567539			. "		*		108	* *	i 4	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			**************************************	· . *	D	0	ТОИ		/RIT	E	ę. <u>*</u>	క్ మ 1 170 కళ
TITLE NAME STREET ADDRESS					II/	1 7	THIS	SF	PAC	E	pr. sr er	5

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 information.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19UEZ /

305-342-56)