

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 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



DO NOT WRITE IN THIS SPACE

03312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1731872

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME NARDI, ETTORRE
STREET ADDRESS 250 CATALONIA AVE #305
CITY-ST-ZIP CORAL GABLES, FL

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

TITLE D
NAME CAVALLORI, RENZO D
STREET ADDRESS 250 CATALONIA AVE. #305
CITY-ST-ZIP CORAL GABLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000366194
05/11/05-80034-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

05-05-2005

Date

Daytime Phone #