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DOCU 1. Entity Nan	MENT# N94000	000784	ν,	7		OFIRE TAPLEU			8	
KISS T	RUST, INC.	المناسق المناس	ব		AA.	PEURETARY OF ISION OF CORPO	PATE			
					a	I DEC 17 PM 1	MALIUHS.			
Principal Plac	ce of Business	Mailing Address				- 17 66 7	:31			
154 SEBRING TAVERNIER I		154 SEBRING DRIVE TAVERNIER FL 33070								
2. Principal Place of Business		3. Mailing Address			1.44					
Suite, Apt.		Suite, Apt. #, etc.			REMOT	REED TOO NOT WHITE IN THIS SPACE O				
City & Stat	te	City & State			4. FEI Number					
Zip		Zip	Zip Cou		5. Certificate of S	tatus Desired	\$8.75 Add	litional d		
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	iress of New Registered	Agent]	
			I		_					
	E, CARLOS RING DRIVE			Street Addre	ess (P.O. Box Number is	s (P.O. Box Number is Not Acceptable)				
	ER FL 33070		I							
			l	City		FL	Zip Code	9		
8. The above	named entity submits this statement fo		registere	ed office or reg	gistered agent, or both, in	the state of Florida.	'		1	
	Oaler A. D	el Valle	_	_		- 1	1			
	_ 0 0 0 0 1		1	20105	M 7 - 1/11	16 India	(,)	_	I	
SIGNATURE	Stonature, typed or printed name of registered agent	and title if applicable (NOTE:	Penisterer	d Acont signature re	A - DEL VAL	LE 12/13	, , ,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature re	equired when reinstating)	DATE				
	Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$2	9. Election Cam	: Registered	ed Agent signature red	spulled when reinstating) \$5.00 May Be Added to Fees	Make Chec			-	
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C	Registered npaign F contributi	ed Agent signature red	\$5.00 May Be Added to Fees	Make Chec Departme	k Payable tent of State			
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12. I hereby certify that the information supplied with this filling 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 617, 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.

CARLOS A-DEL VALLE

SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR)