


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000065591**  
 1. Entity Name  
**KYP INVESTMENT CORP.**



Principal Place of Business <b>2098 NW 20 STREET                  #5                  MIAMI, FL 33142 US</b>	Mailing Address <b>2801 NW 5TH AVE.                  #5                  MIAMI, FL 33127 US</b>
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03312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1030531</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTO PARK, YU SHIN 2098 NW 20 STREET, #5 MIAMI, FL 33142</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPO HAN, EDSON 2098 NW 20 STREET, #5 MIAMI, FL 33142</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PARK, BUM JOON 2098 NW 20 STREET, #5 MIAMI, FL 33142</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/08/06 08:00:21 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Edson Han **04-31-06** **3055721717**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #