


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90283 020 ***150.00

DOCUMENT # P02000018700 1. Entity Name K.I.P. INTERNATIONAL CORP			
Principal Place of Business 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126		Mailing Address 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	
2. Principal Place of Business 16851 SW 87 COURT Suite, Apt. #, etc.		3. Mailing Address 16851 SW 87 COURT Suite, Apt. #, etc.	
City & State Palmetto Bay, FL Zip 33157 Country USA		City & State Palmetto Bay, FL Zip 33157 Country USA	
4. FEI Number 73-3003677		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZACARIAS KIPER, JOSE 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Jose Zacarias Kiper Street Address (P.O. Box Number is Not Acceptable) 16851 SW 87 COURT City Palmetto Bay FL Zip Code 33157	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACARIAS KIPER, JOSE J 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACARIAS Kiper, Jose 16851 SW 87 COURT Palmetto Bay, FL, 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/22/2005 305-2555815 <small>Date Daytime Phone #</small>	