


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90004 022 \*\*\*150.00

<b>DOCUMENT # P03000050569</b>	
1. Entity Name KYC NORTH AMERICA, INC.	

Principal Place of Business 950 S PINE ISLAND ROAD SUITE 110 PLANTATION, FL 33324	Mailing Address 950 S PINE ISLAND ROAD SUITE 110 PLANTATION, FL 33324
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2. Principal Place of Business 3625 NW 82 <sup>nd</sup> Ave. Suite, Apt. #, etc. #402	3. Mailing Address 3625 NW 82 <sup>nd</sup> Ave. Suite, Apt. #, etc. #402
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City & State Miami, Florida	City & State Miami, Florida
Zip 33166	Zip 33166
Country Miami-Dade	Country Miami-Dade



01112004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0249521	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLOBAL HUMAN CAPITAL SOLUTIONS, INC. 1580 SAWGRASS CORPORATE PARKWAY SUITE 130 SUNRISE, FL 33323	7. Name and Address of New Registered Agent Name Kuo, Shih Chang Street Address (P.O. Box Number is Not Acceptable) 3625 NW 82 <sup>nd</sup> Avenue #402 City Miami FL Zip Code 33166
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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.

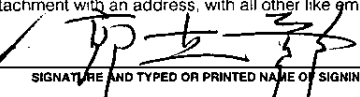
SIGNATURE  DATE 01-15-04

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KUO, SHIH CHANG 950 S PINE ISLAND ROAD SUITE 110 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Kuo, Shih Chang 2925 NW 99 <sup>th</sup> Avenue Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUA, CHEN MAN 950 S PINE ISLAND ROAD SUITE 110 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Hua, Chen Man 2925 NW 99 <sup>th</sup> Avenue Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 01-15-04 DAYTIME PHONE # 305-4702900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR