## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2006 8:00 am Secretary of State

| DOCUMENT # P03000050569  1. Entity Name KYC NORTH AMERICA, INC.  |   |   |  |   | 01-23-2006 90125 028 ***150.00 |                              |                              |                   |
|--|---|---|--|---|--------------------------------|------------------------------|------------------------------|-------------------|
| Principal Place of Business<br>3625 NW 82ND AVE.<br>#402<br>MIAMI, FL 33166  |   | Mailing Address<br>3625 NW 82ND AVE.<br>#402<br>MIAMI, FL 33166 |  |   | <br>                           | 88788 (IIIA 8811) 28171 8871 | I OCINI TINY BAYTI ONTO RINO | 13/16/8/ DJ 18/8/ |
| _ `  | lace of Business  NW 147H STREET  #, etc.     | 3. Mailing Address  8→08 // W / 47H STREE  Suite, Apt. #, etc.  |  | TREET   | 01132006                       | Chg-P                        | CR2E034 (11/05               |                   |
| City & Stat  |   | City & State  MIAMI   | FL   |   | 4. FEI Numbe                   |                              | <b>⊢</b>                     | Applied For       |
| Zip  | 26 Country                                    | Zip 33/26   | Country  |   |                                | of Status Desired            | □ \$8.75 A                   | dditional         |
|  | 6. Name and Address of Current F              |   | 7. Name and Address of New Registered Agent    |   |                                |                              |                              |                   |
| KUO, SHIH CHANG<br>3625 NW 82ND AVE.<br>#402<br>MIAMI, FL 33166  |   |   |  | Name KWO, SHIH CHANG Siteet Address (P.O., Box Number is Not Acceptable) 0-300 NW 147H STREET |                                |                              |                              |                   |
|  |   |   | City   | 111   | 11                             |                              | FL Zp Co                     | de _ /            |
| 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 SHITH CHANG KHO. 17 P - Signature. Nped or printed name of registered agent and title if applicable. 1 (NOTE: Registered Agent e-gnature required when reinstating) DATE   |   |   |  |   |                                |                              |                              | 6                 |
|  |   | 1. ***  |  |   |                                |                              |                              |                   |
| FILE NOWIII- FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees  |   |   |  |   |                                |                              |                              |                   |
| 10.  | OFFICERS AND                                  | DIRECTORS   | 11.  |   |                                | CHANGES TO OFF               | ICERS AND DIRECTO            | RS IN 11          |
| title<br>Name<br>Street address  | PSD<br>KUO, SHIH CHANG<br>2925 NW 99TH AVENUE | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS                | PS<br>reto  | SHIH .                         | CHANGE<br>106 CT             | <b>⊡</b> Change<br>-         | ☐ Addition        |
| CITY-ST-ZIP  | MIAMI, FL 33172                               |   | CITY-ST-ZIP                                    | MIL   | MI F                           | L >>178                      | 3                            |                   |
| TITLE  | VTD<br>HUA, CHEN MAN                          | ☐ Delete  | TITLE<br>NAME                                  | VT  | $-1$ $MA_{A}$                  | 1 HuA                        | Change                       | ☐ Addition        |
| STREET ADDRESS<br>CITY-ST-ZIP  | 2925 NW 99TH AVENUE<br>MIAMI, FL 33172        |   | STREET ADDRESS<br>CITY-ST-ZIP                  | 53  | 36 NI<br>AMI I                 | U 106 C                      | T<br>8                       |                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | <i>,</i>                       |                              | ☐ Change                     | ☐ Addition        |
| TITLE<br>NAME  |   | ☐ Ociete  | TITLE<br>NAME                                  |   |                                |                              | ☐ Change                     | Addition          |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   | STREET ADDRESS<br>CITY-ST-ZIP                  |   |                                |                              |                              |                   |
| TITLE  |   | □ Delete  | TITLE  |   |                                |                              | ☐ Change                     | ☐ Addition        |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   |                                |                              |                              |                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |                                |                              | ☐ Change                     | Addition          |
| 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. |   |   |  |   |                                |                              |                              |                   |