2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2005 8:00 am Secretary of State

DOCUMENT # P04000027033 1. Entity Name KIMO FASHION, INC.					02-23-2005 90058 005 ***150.00				
Original Obsess of Dunises									
Principal Place of Business Mailing Address									
1710 45TH STREET # K1 3698 DAISY AVENUE WEST PALM BEACH, FL 33407-2150 US PALM BEACH GARDENS, I			IS EL 3	3410 US	;				
TALITULACITALIDENCI, TE 33407-2130 03 TALITULACITALIDENS, TE			13,163	5410 05					
Principal Place of Business 3. Mailing Address									
					4				
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	Suite. Apt. #, etc.		01122005	Chg-P	CR2E034 (1	0/03)	
City 9 Ctat		City & Croto	City & State		A SELAL code			[] An	plied For
City & State		City & State	Only a State		4. FELNumbe	3183846	•	_	t Applicable
Zip	Country	Zip	Zip Count		' ' '	-/	60	7 5 Addi	
	,				5. Certificate	of Status Desired		Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	gistered Agent		
		Name							
KIM, CHUNG				Street Address (P.O. Box Number is Not Acceptable)					
3698 DAISY AVENUE PALM BEACH GARDENS, FL 33410				Street Address (F.O. box Number is Not Acceptable)					
FALW DEA	1011 OANDENS, I'E 30410								
				City			F . 7	ip Code	
				Oity			FL z	ip code	
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 .									
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5		-		.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P Delete		ML	:				Change	Addition
NAME	KIM, IN SUN		NAN						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE	VP Delete		TITL				L)	thange	Addition
NAME STREET ADDRESS			NAN	E Et address					
CITY-ST-ZIP	1			-ST-ZIP					
							- П	******	□ Addition
TITLE NAME		☐ Delete	TITL					Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	,			-ST-ZIP					
IIILE		☐ Delete	IITL				П	Change	☐ Addition
NAME	~	□ Delets		E v~			L ,	History	
STREET ADDRESS				ET ADDRESS					
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TITLE		☐ Delete	TITL.					Change	Addition
NAME			NAN	E					
STREET ADDRESS			STRI	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	<u>E</u>				hange	☐ Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
12. I hereby o	certify that the information supplied on this report or supplemental repo	with this filing does not qualify for	the exem	ption stated in Sect	ion 119.07(3)(i), Florida Statutes. I	further certify tha ath; that I am an	at the inf	formation
of the cor	poration or the receiver or trustee e	empowered to execute this report a	as require	d by Chapter 607,	Florida Statutes;	an dithat my name	appears in Bloc		