2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000027033

1. Entity Name
KIMO FASHION, INC.

Principal Place of Business	Mailing Address
1710 45TH STREET # K1 WEST PALM BEACH, FL 33407-2150 US	3698 DAISY AVENUE PALM BEACH GARDENS, FL 33410 US

DO NOT WRITE IN THIS SPACE

02222007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3783826		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

KIM, CHUNG
3698 DAISY AVENUE
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	KIM, IN SUN
STREET ADDRESS	3698 DAISY AVENUE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	
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CITY-ST-ZIP	

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U00000649721
03/07/07-80060-015 150.00

U00000649721
03/07/07-80060-016 8.75

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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: _Kim_ INSUN KIM   Feb. 24, 2007   561) 776-6057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #