

2005 FOR PROFIT CORPORATION ANNUAL REPORT :

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90262 021 ***150.00

DOCUMENT # P04000051080 1. Entity Name KO SAI CORP			
Principal Place of Business 624 CORAL GLEN LOOP (old) APT# 206 ALTAMONTE SPRINGS, FL 32714-0808 US		Mailing Address 624 CORAL GLEN LOOP (old.) APT# 206 ALTAMONTE SPRINGS, FL 32714-0808 US	
2. Principal Place of Business (New) 625 CORAL GLEN LOOP Suite, Apt. #, etc. APT# 103 City & State ALTAMONTE SPRINGS Zip FL 32714 Country		3. Mailing Address (New) 625 CORAL GLEN LOOP Suite, Apt. #, etc. APT# 103 City & State ALTAMONTE SPRINGS Zip FL 32714 Country	
4. FEI Number 20-0896430		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 MYINT, SAI L 624 CORAL GLEN LOOP APT# 206 ALTAMONTE SPRINGS, FL 32714-0808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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  DATE 04/11/05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	P MYINT, SAI L 624 CORAL GLEN LOOP APT# 206 ALTAMONTE SPRINGS, FL 327140808	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOUKE, MOE M 624 CORAL GLEN LOOP APT# 206 ALTAMONTE SPRINGS, FL 327140808	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 04/11/05 Daytime Phone # 407-448-4403	