

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90247 001 ***150.00
04-27-2007 90247 002 *****8.75

DOCUMENT # P04000051912

1. Entity Name
KYOSEI CO.



Principal Place of Business
**15204 MORNING DR
LUTZ, FL 33559**

Mailing Address
**15204 MORNING DR
LUTZ, FL 33559**

DDU1147J



2. Principal Place of Business - No P.O. Box #
3225 S. MAC DILL AVE

3. Mailing Address
3225 S. MAC DILL AVE

Suite, Apt. #, etc.
#129-162

City & State
TAMPA FLORIDA

Zip
33629

Country

04082007 Chg-P CR2E034 (12/06)

4. FEI Number
75-3151350

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RICE, MYUNG JA
15204 MORNING DR
LUTZ, FL 33559**

7. Name and Address of New Registered Agent
Name **SABURO OTO**
Street Address (P.O. Box Number is Not Acceptable)
15204 MORNING DR.
City **LUTZ** FL Zip Code **33559**

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]* DATE **4/25/07**

(NOTE: Registered Agent signature required when registering)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICE, MYUNG JA 15204 MORNING DR LUTZ, FL 33559	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTO, SABURO 15204 MORNING DR. LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *[Signature]* **MYUNG JA RICE** DATE **4/25/07** 813-781-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR