

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90290 043 ***150.00

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000053463 1. Entity Name KEYSTONE INVESTMENT ENTERPRISE, INC.					
Principal Place of Business 1731 GLEN LAKES BLVD. ST. PETERSBURG, FL 33702			Mailing Address 1731 GLEN LAKES BLVD. ST. PETERSBURG, FL 33702		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0155270 Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIM, BOK HEE 1731 GLEN LAKES BLVD. ST. PETERSBURG, FL 33702			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 KIM, BOK HEE 1731 GLEN LAKES BLVD. ST. PETERSBURG, FL 33702 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONG, BYUNG GI 2711 JARVIS CIRCLE PALM HARBOR, FL 32683 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
2. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that no name appears in Section 10 or Block 11 if changed is an attachment with an address, with all other like corporations.					
SIGNATURE:			4/5/05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					