
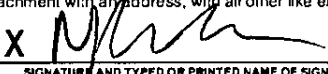


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000027856 1. Entity Name KIYOSE CORPORATION										
Principal Place of Business 9226 NW 48TH ST. SUNRISE, FL 33351 US	Mailing Address 9226 NW 48TH ST. SUNRISE, FL 33351 US									
6. Name and Address of Current Registered Agent TRAN, NGHIA D 9226 NW 48TH ST SUNRISE, FL 33351		<div style="text-align: right;"> 01072008 No Chg-P CR2E034 (11/05) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> 4. FEI Number 20-2384329 </td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>	4. FEI Number 20-2384329	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<div style="text-align: right;"> U000000302468 04/30/08-80007-008 150.00 </div>								
10. OFFICERS AND DIRECTORS										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> </tr> <tr> <td>NAME</td> <td>TRAN, NGHIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9226 NW 48TH ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33351</td> </tr> </table>	TITLE	P	NAME	TRAN, NGHIA	STREET ADDRESS	9226 NW 48TH ST	CITY-ST-ZIP	SUNRISE, FL 33351	<div style="height: 200px;"></div>	
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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: X  <div style="float: right; text-align: right;"> 4/11/08 <small>Date</small> </div>										
<div style="text-align: center;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div>										