

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90001 030 ***550.00

DOCUMENT # P06000029644

1. Entity Name
KP INTERNATIONAL SUKI, INC.



Principal Place of Business
2223 N WESTSHORE BLVD,
FC#205
TAMPA, FL 33607 US

Mailing Address
2223 N WESTSHORE BLVD,
FC#205
TAMPA, FL 33607 US



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4400317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POON, KWAN S
2223 N WESTSHORE BLVD
FC#205
TAMPA, FL 33607

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P POON, KWAN S 2223 N WESTSHORE BLVD,FC#205 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP POON, SING Y 2223 N WESTSHORE BLVD,FC#205 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHAN, LAIFONG 2223 N WESTSHORE BLVD,FC#205 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #