

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90029 039 ***150.00

DOCUMENT # P94000043034

1. Entity Name

KYM CORPORATION



Principal Place of Business

1500 MCMULLEN BOOTH RD
SUITE A-4 & A-5
CLEARWATER FL 33759
US

Mailing Address

1500 MCMULLEN BOOTH RD
SUITE A-4 & A-5
CLEARWATER FL 33759
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3246906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURAMOCHI, YUKI
12823 TAR FLOWER DRIVE
TAMPA FL ~~33624~~ 33626

Name

KURAMOCHI, MATSUYO

Street Address (P.O. Box Number is Not Acceptable)

12823 TAR FLOWER DR.

City TAMPA

FL

Zip Code 33626

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

Matsuo Kuramochi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-7-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME KURAMOCHI, YUKI
STREET ADDRESS 4920 CYPRESS TRACE DR.
CITY-ST-ZIP TAMPA FL 33624

TITLE VICE PRESIDENT / OFFICER ☐ Change ☒ Addition
NAME KURAMOCHI, MATSUYO
STREET ADDRESS 12823 TAR FLOWER DRIVE
CITY-ST-ZIP TAMPA FL - 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME KURAMOCHI, YUKI
STREET ADDRESS 12823 TAR FLOWER DRIVE
CITY-ST-ZIP TAMPA FL. 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Yuki Kuramochi Yuki Kuramochi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/04 727-91-974