


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90100 039 ***150.00

DOCUMENT # P99000026429 1. Entity Name KIM'S TAILOR, INC.																													
Principal Place of Business 10035 NORTH DALE MABRY HWY. TAMPA, FL 33618			Mailing Address 10035 NORTH DALE MABRY HWY. TAMPA, FL 33618																										
2. Principal Place of Business - No P.O. Box # 10225 Lake Carroll Way		3. Mailing Address 10225 Lake Carroll Way																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-3566922																									
Zip 33618		Country 		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent AN, CHANG TOK 10035 NORTH DALE MABRY HWY. TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10225 Lake Carroll Way City Tampa FL Zip Code 33618																										
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 <u><i>Chy an</i></u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D AN, CHANG TOK</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10035 NORTH DALE MABRY HWY.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33618</td> <td></td> </tr> </table>			TITLE	D AN, CHANG TOK	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	10035 NORTH DALE MABRY HWY.		CITY - ST - ZIP	TAMPA, FL 33618		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">10225 Lake Carroll Way</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Tampa FL 33618</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	10225 Lake Carroll Way	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	Tampa FL 33618		CITY - ST - ZIP		
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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: *Chy an* 4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #