


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 569883 <small>Entity Name</small> KSYYP CORPORATION, INC.	
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Principal Place of Business 2098 NW 20 ST #5 MIAMI FL 33142	Mailing Address 2098 NW 20 ST #5 MIAMI FL 33142
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0291623	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PREVITI, PETER ESQ. 5825 SUNSET DRIVE STE. 210 SOUTH MIAMI FL 33143	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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	PARK, KWANG S
STREET ADDRESS	2098 NW 20 ST #5
CITY- ST- ZIP	MIAMI FL 33142
TITLE	D <input type="checkbox"/> Delete
NAME	PARK, YONG YM
STREET ADDRESS	2098 NW 20 ST #5
CITY- ST- ZIP	MIAMI FL 33142
TITLE	ST <input type="checkbox"/> Delete
NAME	PARK, BUM JOON
STREET ADDRESS	2098 NW 20 ST #5
CITY- ST- ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000248449
STREET ADDRESS	03/02/05-80030-004 150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kwang Suk Park 02/21/05 (305) 545-8218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR