


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V69392 1. Entity Name KIM-LAN CORP.			
Principal Place of Business 5770 WEST IRLO BRONSON 414-416 KISSIMMEE, FL 34746		Mailing Address 5770 WEST IRLO BRONSON 414-416 KISSIMMEE, FL 34746	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent HOLMAN, PAULA 1492 MILL SLOUGH RD. KISSIMMEE, FL 34744		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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, 2004 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		<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS NGUYEN, THI LAN 1615 COLUMBIA ARMS CIR #149 KISSIMMEE, FL 34741		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHAM, KIM 14563 MANDOLIN DRIVE ORLANDO, FL 32837		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/14/04 (407) 396-6577 <small>Date Daytime Phone #</small>	