

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 383709

1. Entity Name  
 KIKO'S WHOLESALE, INC.



Principal Place of Business  
 900 N.W. 22ND PL.  
 MIAMI, FL 33125

Mailing Address  
 900 N.W. 22ND PL  
 MIAMI, FL 33125



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1353956	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

AGUIRRE, ANTONIO  
 900 N.W. 22ND PL  
 MIAMI, FL 33125

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUIRRE, ANTONIO
STREET ADDRESS	900 N.W. 22ND PL.
CITY - ST - ZIP	MIAMI, FL
TITLE	SD
NAME	MORE, MARIA D.
STREET ADDRESS	1801 FERDINAND ST
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000410903  
 02/09/06-80049-023 150.00

**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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 (305) 266-1727  
Date Daytime Phone #