

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 010 ***550.00

DOCUMENT # 383709 1 Entity Name KIKO'S WHOLESALE, INC.	
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Principal Place of Business 900 N.W. 22ND PL MIAMI, FL 33125	Mailing Address 900 N.W. 22ND PL MIAMI, FL 33125
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02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1353956	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AGUIRRE, ANTONIO 900 N.W. 22ND PL MIAMI, FL 33125 <i>1801 FERDINAND ST CORAL GABLES, FLA 33134</i>
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**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.

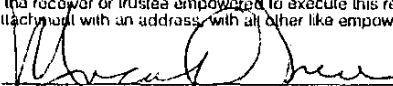
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIRRE, ANTONIO <i>1801 FERDINAND ST CORAL GABLES, FLA 33134</i> 900 N.W. 22ND PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORE, MARIA D. 1801 FERDINAND ST CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: 	8/13/07 (305) 266-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #