# 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.

| Principal Place of Business | Mailing Address |
|---|---|
| 900 N.W. 22ND PL<br>MIAMI, FL 33125 | 900 N.W. 22ND PL<br>MIAMI, FL 33125 |

DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

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~~
1801 FERDINAND ST
CORAL GABLES, FLA 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | AGUIRRE, ANTONIO |
| STREET ADDRESS | ~~900 N.W. 22ND PL~~ 1801 FERDINAND ST |
| CITY-ST-ZIP | ~~MIAMI, FL~~ CORAL GABLES, FLA 33134 |
| 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 | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 #