## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

changed, or on an attachment with an

SIGNATURE:

address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

with all other like empowered.

RECTOR

## Secretary of State **DOCUMENT # 565816** 03-10-2005 90143 041 \*\*\*150.00 1. Entity Name KWIC, INC. Principal Place of Business Mailing Address 1065 N.E. 125 STREET 1065 N.E. 125 STREET NORTH MIAMI, FL 33161 **STE 300** NORTH MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-1831089 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITTAKER, KENNETH JR. WHITTAKER, KENNETH JR. Street Address (P.O. Box Number is Not Acceptable) 1065 NE 125 Street, Ste. 330 N.E. 104 STREET 300 MIAMI SHORES, FL 33138 Zip Code 33161 North Miami 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 registered agent. SIGNATURE TE: Registered Agent argnature required when reinstating) tion Campa lign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. X Change Addition TITLE X Delete TITLE P WHITTAKER, KENNETH JR. 1065 NE 125 Street, Ste. 300 WHITTAKER, KENNETH JR. NAME 330 NE 104 ST STREET ADORESS STREET ADDRESS MIAMI SHORES, FL 33138 CITY-ST-ZIP CITY-ST-ZIP North Miami, FL 33161 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Mar 10, 2005 8:00 am

March 7, 2005 305-895-7203