


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90034 001 \*\*\*150.00

<b>DOCUMENT # F95000002095</b>					
<b>1. Entity Name</b> KIGI INVESTMENT, INC.					
<b>Principal Place of Business</b> % PRATS, FERNANDEZ 2121 PONCE DE LEON BLVD. #240 CORAL GABLES, FL 33134 US			<b>Mailing Address</b> % PRATS, FERNANDEZ 2121 PONCE DE LEON BLVD. #240 CORAL GABLES, FL 33134 US		
<b>2. Principal Place of Business</b> 780 NW 42nd Ave		<b>3. Mailing Address</b> 780 N.W 42nd Ave			
Suite, Apt. #, etc. Suite 516		Suite, Apt. #, etc. Suite 516			
City & State Miami, FL		City & State Miami, FL			
Zip 33126		Country U.S.		Zip 33126	
Country U.S.		4. FEI Number 59-1715969			
<b>6. Name and Address of Current Registered Agent</b> SEIDMAN, PREWITT & DIBELLO, P.A. 5900 BROKEN SOUND PKWY. SUITE 101 BOCA RATON, FL 33487				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NARDI, EZIO 1000 BRICKELL AVE. STE 900 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 NW 42nd Ave suite 516 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 02/27/04 Daytime Phone #: 305 371 5400		

54013400



02102004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1715969 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FL Zip Code

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition