

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 APR 12 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058767

1. Entity Name  
K. WHITE CORPORATION



Principal Place of Business  
13733 SW 149 CIRCLE LANE  
APT 2  
MIAMI, FL 33186

Mailing Address  
13733 SW 149 CIRCLE LANE  
APT 2  
MIAMI, FL 33186



03292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1104264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHITE, KETTY  
13733 SW 149 CIRCLE LANE  
APT 2  
MIAMI, FL 33186

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINAS WHITE, EUSTAVO 13733 SW 149 CIRCLE LANE, APT 2 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WHITE, KETTY 13733 SW 149 CIRCLE LANE, APT. 2 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VILLA DE WHITE, NERIS 13733 SW 149 CIRCLE LANE, APT. 2 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400032776684  
04/15/04--01011--021 \*\*150.00

**DO NOT WRITE  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_