2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2004 8:00 am Secretary of State DOCUMENT # P01000057760 1. Entity Name 02-17-2004 90039 012 ***150.00 KIKITUA, INC. Principal Place of Business Mailing Address 2829 FLORIDA BLVD, STE 105 DELRAY BCH FL 33483 2829 FLORIDA BLVD, STE 105 **DELRAY BCH FL 33483** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-1115725 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIMARCO, GINO J Street Address (P.O. Box Number is Not Acceptable) 2829 FLORIDA BLVD, STE 105 **DELRAY BCH FL 33483** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE TITLE ☐ Delete NAME DIMARCO, GINO J NAME 2829 FLORIDA BLVD, STE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 33483 CITY-ST-ZIP ☐ Addition Delete TITLE Alvardo, Enrique ALVARADO, ENRIQUE NAME 151-Crandon Blvd Ste 542 151 CRANDON BLVD STE 541 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP Key Biscayne, FL 33149 ☐ Addition Change ☐ Delete TITLE NAME ÑAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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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. GIND J DIN ARG SIGNATURE: