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FLORIDA DEPARTMENT OF STATE [Redacted] Secretary of State DIVISION OF CORPORATIONS			
APPLICATION FOR [Redacted]		FILED 03 MAR 11 PM 2:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000064289			
1. Corporation Name Kiwiking, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 741 S. Mashta Dr. Suite, Apt. #, etc. 22 City & State 23 Key-Biscayne, FL 24 Zip 33149		2a. Mailing Address 26 741 S. Mashta Dr. Suite, Apt. #, etc. 27 City & State 28 Key Biscayne FL 29 Zip 33149	
3. Date Incorporated or Qualified 6/27/2001		3a. Date of Last Report	
4. FEI Number 65-1116526		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Lizabeth F. Calvo 328 Crandon Boulevard Suite 226 Key Biscayne, FL 33149		10. Name and Address of New Registered Agent 81 Name Lizabeth F. Calvo 82 Street Address (P.O. Box Number is Not Acceptable) 328 Crandon Boulevard Suite 226 83 84 City Key Biscayne FL 85 Zip Code 33149	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Lizabeth F. Calvo			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President <input type="checkbox"/> DELETE Rodolfo Luis Quevedo Beltrami 741 S. Mashta Drive Key Biscayne, FL 33149	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Liliana M. Pokluda 741 S. Mashta Drive Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alejandra Ocampo 741 S. Mashta Drive Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300014903143 03/28/03--01028--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02-03 432178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.			
SIGNATURE		Date	
Signature and typed or printed name of signing officer or director		Daytime Phone #	
Rodolfo Luis Quevedo Beltrami, President			

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Kiwiking, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$300.00 check payable to Florida Department of State

We never received the Uniform Business Report ^{for 2002} that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

Name: Rodolfo Luis Quevedo Beltrami

Title: Director

Date: _____