2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90276 006 ***150.00

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1. Entity Name
KAIXO, CORP.

Principal Place of Business	Mailing Address
8007 NW 29 ST MIAMI, FL 33122	8007 NW 29 ST MIAMI, FL 33122

03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137120
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, IVONNE
8007 N.W. 29TH ST.
MIAMI, FL 33122-1058

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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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	AIZPURUA, MIKEL
STREET ADDRESS	~~14021 N.W. 73RD ST.~~ 10975 NW 72 terrace
CITY-ST-ZIP	MIAMI, FL 33178 MIAMI, Florida 33178
TITLE	D
NAME	AIZPURUA, XABIER
STREET ADDRESS	CALLE 62 CON CARRERA 14A, QTA. ANDIKA
CITY-ST-ZIP	BARQUISIMETO, VENEZUKA,
TITLE	GMD
NAME	TURSI, MIREN J
STREET ADDRESS	4611 N.W. 57TH LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: X Mikel Aizpurua
Signature and Typed or Printed Name of Individual Officer or Director Date