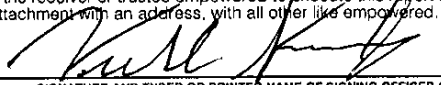


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90101 005 ***150.00

DOCUMENT # P01000090647 1. Entity Name KIVA INVESTMENTS CORP.					
Principal Place of Business 3300 N. PALMAIRE DR. APT. 210 POMPANO BEACH, FL 33069			Mailing Address 3300 N. PALMAIRE DR. APT. 210 POMPANO BEACH, FL 33069		
2. Principal Place of Business 499 E. PALMETTO PARK RD.		3. Mailing Address 499 E. PALMETTO PARK RD.			
Suite, Apt. #, etc. 207		Suite, Apt. #, etc. 207			
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.			
Zip 33432		Country USA		Zip 33432	
Country USA		Country USA			
4. FEI Number 65-1137891			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TOVAR, ILEANA A 1725 MAIN ST STE 205 WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUMINS, VISVALDIS 1474 SANDPIPER CIRCLE WESTON, FL 33327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRUMINS, VISVALDIS 2901 S. BAYSHORE DR. UNIT 1-B MIAMI, FL. 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LECUNA, JOSE ANTONIO 5518 N.W. 114 AV., UNIT 103 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LECUNA, JOSE ANTONIO 9746 N.W. 46 TERR. MIAMI, FL. 33178	
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	
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:  VISVALDIS KRUMINS 03/31/2005 786 4434103 <div style="display: flex; justify-content: space-between;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					

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03292005 Chg-P CR2E034 (10/03)