

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90008 009 ***550.00

DOCUMENT # P01000113706

1. Entity Name

KIWI HOLDINGS, INC.



Principal Place of Business

5130 N US #1
FORT PIERCE FL 34946
US

Mailing Address

5130 N US #1
FORT PIERCE FL 34946
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1157885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAREA, JULIO A
575 SANDPIPER WAY
BOCA RATON FL 33431

Name **Edgar M. Bernal**

Street Address (P.O. Box Number is Not Applicable)

5130 N US 1

City **FT. PIERCE**

FL

Zip Code **34946**

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

Edgar M Bernal

08-27-04.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAREA, JULIO A**
CITY-ST-ZIP **575 SANDPIPER WAY**
BOCA RATON FL 33431

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JAMES, CURTIS**
CITY-ST-ZIP **16235 NW 9TH DRIVE**
PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **JULIO A. BAREA**
CITY-ST-ZIP **4525 E. CONWAY DR. N.W.**
ATLANTA, GA 30327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D.**
STREET ADDRESS **JULIO A. BAREA III**
CITY-ST-ZIP **2149 B LAKE PARK DR.**
SMYRNA, GA. 30080

TITLE ☒ Change ☐ Addition
NAME **D.**
STREET ADDRESS **CHRISTINA ROMO**
CITY-ST-ZIP **21300 SAN SIMON WAY**
APT. M-6
MIAMI, FL 33179

TITLE ☒ Change ☐ Addition
NAME **D.**
STREET ADDRESS **PILAR BAREA**
CITY-ST-ZIP **4525 E. CONWAY DR NW.**
ATLANTA, GA 30327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JULIO A. BAREA

Date

8/17/04

Daytime Phone #

(404) 992-4564