

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113706

Entity Name: KIWI HOLDINGS, INC.

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

5130 N US #1
FORT PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

5130 N US #1
FORT PIERCE, FL 34946 US

New Mailing Address:

FEI Number: 65-1157885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNAL, EDGAR M
5130 N US 1
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAREA, JULIO A
Address: 4525 E CONWAY DR N.W.
City-St-Zip: ATLANTA, GA 30327

Title: D () Delete
Name: JAMES, CURTIS
Address: 16235 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BAREA, JULIO A III
Address: 136 OLD HOLCOMB BRIDGE WAY
City-St-Zip: ROSWELL, GA 30076

Title: D () Delete
Name: ROMO, CHRISTINA
Address: 2200 MONROE ST. APT. 204
City-St-Zip: SANTA CLARA, CA 95050

Title: D () Delete
Name: BAREA, PILAR
Address: 4525 E CONWAY DR NW
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO A. BAREA

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date