

2,003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

07-21-2003 90131 018 ***158.75

DOCUMENT # 002000010767

1. Entity Name

KARDIXA CORP.



DO NOT WRITE IN THIS SPACE

55054841

2. Principal Place of Business

10720 N.W. 66 ST

3. Mailing Address

10720 N.W. 66 ST.

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

MIAMI, FLA

City & State

MIAMI, FLA.

4. FEI Number

03-0381965

Applied For

Not Applicable

Zip

33178

Country

USA.

Zip

33178

Country

USA.

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA F. VALENCIA

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

10720 N.W. 66 ST. # 210

City

MIAMI

FL

Zip Code

33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD. GRACE M. DE VALENCIA
10720 N.W. 66 ST. # 210
MIAMI, FL. 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. NAXLE M. TANUS-SAYAS
950 N. SHORE DR.
MIAMI BEACH, FL. 33141.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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PD. MARIA F. DE VALENCIA
10720 N.W. 66 ST. # 210
MIAMI, FL. 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Grace M. de Valencia (PRESIDENT/DIRECTOR) 8/20/03 (786) 346-9439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

~~#P02000010767~~

55054841

August 20, 2003

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX 1500
TALLAHASSEE, FL. 32302-1500**

**SUBJECT: UNIFORM BUSINESS REPORT / 2,003
DOCUMENT # P02000010767**

We would like to inform the Department of Corporation that we have not received the green page to update our Corporation for the year 2,003

We are requesting any waiver of penalties or interests and your understanding. Our first 2,003 U B R on a white page was sent on 07/17/03, but the information on it will be amended to reflect our business reality.

The President's signature is on the new 2,003 U B R and a new Director is added. We need your understanding and help.

Sincerely;

X Grace M. de Valencia