

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023013

Entity Name: KAITECH, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

13953 SW 66 STREET
602B
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

13953 SW 66 STREET
602B
MIAMI, FL 33183

New Mailing Address:

FEI Number: 52-2374228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZO, MIGUEL A JR
13953 SW 66 STREET
602B
MIAMI, FL 33183 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEREZ, ADDIEL
Address: 14221 SW 54 STREET
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: JOSEPH, NORMAN
Address: 14919 SW 80 STREET
City-St-Zip: MIAMI, FL 33193

Title: S () Delete
Name: CAPOTE, FAUSTO A JR.
Address: 16116 SW 149 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: P () Delete
Name: MITCHELL, PAUL
Address: 6396 SW 161 PLACE
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: POZO, MIGUEL A JR.
Address: 13953 SW 66 STREET
City-St-Zip: MIAMI, FL 33183

Title: T () Delete
Name: CAPOTE, FAUSTO A JR.
Address: 16116 SW 149 TERRACE
City-St-Zip: MIAMI, FL 33196

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL MITCHELL

P

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date