


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-16-2003 90140 006 ***150.00

DOCUMENT # P02000023918

1. Entity Name
KIGA MANAGEMENT CORPORATION



Principal Place of Business
101 N OCEAN DR APT 706
HOLLYWOOD FL 33019

Mailing Address
101 N OCEAN DR APT 706
HOLLYWOOD FL 33019



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0568978		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MEJIDO, MARIA TERESA 101 N OCEAN DR APT 706 HOLLYWOOD FL 33019		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIDO, MARIA TERESA 101 N OCEAN DR APT 706 HOLLYWOOD FL 33019 <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	VD OCHOA, CAROLINA A 101 N OCEAN DR APT 706 HOLLYWOOD FL 33019 <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	STD HOWARD, MARITZA M 101 N OCEAN DR APT 706 HOLLYWOOD FL 33019 <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: *[Signature]* **SIGNATURE REQUIRED** 1/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)