


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2004-90001-010 \$158.75-\$158.75

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DOCUMENT # P02000029768		
1. Entity Name KWKULINAIRE, INC.		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 119 MADEIRA AVE MIAMI, FL 33134	Mailing Address 119 MADEIRA AVE MIAMI, FL 33134
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2. Principal Place of Business 119 Madeira Ave Suite, Apt. #, etc.	3. Mailing Address 119 Madeira Ave Suite, Apt. #, etc.
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Zip 33134
Country USA	Country USA

09082004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0650393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITE, KYRA 119 MADEIRA AVE MIAMI, FL 33134	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, KYRA 119 MADEIRA AVE MIAMI, FL 33134 <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
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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: Kyra White Sept 18, 2004 305-74-0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

119 MADEIRA AVENUE CORAL GABLES, FLORIDA 33134
305.774.0228 305.774.0428 FAX


SEPTEMBER 29, 2004

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I NEVER RECEIVED MY FIRST NOTICE TO FILE THE PROFIT ANNUAL REPORT/UNIFORM BUSINESS REPORT. I THINK THAT YOU CAN NOTICE ON MY APPLICATION THAT THE PREVIOUS ADDRESS WAS MISSPELLED. I ASSUME THAT IT WAS LOST IN THE MAIL.

I HAVE BEEN TRYING TO CALL FOR THE PAST MONTH AND DUE TO THE HURRICANES I HAVE NOT HAD MUCH SUCCESS. PLEASE INFORM ME OF ANY OTHER INFORMATION NECESSARY TO RESOLVE THIS MATTER. THANK YOU FOR YOUR CONSIDERATION.

SINCERELY,


KYRA WHITE
PRESIDENT