## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 27, 2006 8:00 am Secretary of State 02-22-2006 90003 050 \*\*\*150 00 **DOCUMENT # P02000029768** 1. Entity Name KWKULINAIRE, INC. STIVUOO Principal Place of Business Mailing Address 119 MADEIRA AVE 119 MADEIRA AVE MIAMI, FL 33134 MIAMI, FL 33134 No Chg-P 01242006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0650393 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent WHITE, KYRA DO NOT WRITE 119 MADEIRA AVE MIAMI, FL 33134 IN THIS SPACE 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. \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DILE NAME WHITE, KYRA STREET ADDRESS 119 MADEIRA AVE CITY-SI-ZIP MIAMI, FL 33134 137.2 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NUE STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE STREET ADORESS CITY-S1-ZIP TITLE NUME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under each; 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

**FILED**