

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 037 ***158.75

DOCUMENT # P02000065738

1. Entity Name

~~SHAKY'S NUTRITION SUPPLEMENTS, INC.~~
KITTYLE GROUP USA CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6540 N.W. 114 AVE
 Suite, Apt. #, etc. **1427**

3. Mailing Address

6540 N.W. 114 AVE
 Suite, Apt. #, etc. **1427**

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

41-2047108

Applied For

Not Applicable

Zip

33178 **U.S.A.**

Zip

33178 **U.S.A.**

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JERRY S. RUIZ

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

6540 N.W. 114 AVE. #1427

City

MIAMI

FL

Zip Code

33178

DO NOT WRITE 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

05/22/03

Signature, type 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

P. JERRY S. RUIZ
6540 N.W. 114 AVE. #1427
MIAMI, FL. 33178

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

D. Danny M. Michael
6540 NW 114 AVE #1427
Miami FL 33178

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

VP JAMES ZOHRE **DELETE** ☒
9511 FOUNTAIN BLVD. #204
MIAMI, FL. 33178.

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/03 (786) 285-6190

Date

Daytime Phone #

CR2E034B (12/02)