2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000028489

1. Entity Name
LA KIKI CORP.

FILED

04 MAY -6 AM II: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05052004   Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134	2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number
20-1084436

Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
VILLANUEVA, CARLOS J ESQ. 2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134	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 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		**11.**		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GUTIERREZ, SONIA		NAME		
STREET ADDRESS	2100 PONCE DE LEON BLVD. SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	70003605?747	☐ Change ☐ Addition
NAME			NAME	05/11/04--01047--017 ****98.?5	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Sonia Gutierrez by_ CARLOS J. VILLANUEVA   5-1-04   305-377-0912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #