


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90012 031 \*\*\*150.00

<b>DOCUMENT # P03000096556</b>	
1. Entity Name <b>KIKO OF PALM BEACH, INC.</b>	

Principal Place of Business <b>207 FOXTAIL DR B-2 WEST PALM BEACH, FL 33415 US</b>	Mailing Address <b>207 FOXTAIL DR B-2 WEST PALM BEACH, FL 33415 US</b>
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**54032370**



2. Principal Place of Business <b>158 PLUMAGE LD.</b>	3. Mailing Address <b>158 PLUMAGE LD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33415</b>	Zip <b>33415</b>
Country	Country

4. FEI Number <b>20-0197886</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>GONZALEZ, ROBERTO</b> <b>207 FOXTAIL DR</b> <b>B-2</b> <b>WEST PALM BEACH, FL 33415</b>	Name
	Street Address (P.O. Box Number is Not Acceptable) <b>158 PLUMAGE LD.</b>
	City <b>West Palm Beach</b>
	State <b>FL</b>

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: 	DATE: <b>3/25/04</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>158 PLUMAGE LD.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONZALEZ, ROBERTO</b>		NAME <b>158 PLUMAGE LD.</b>	
STREET ADDRESS <b>207 FOXTAIL DR B-2</b>		STREET ADDRESS <b>158 PLUMAGE LD.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH, FL 33415</b>		CITY-ST-ZIP <b>WEST PALM BEACH, FL 33415</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>158 PLUMAGE LD.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FIGUEREDO, JUAN C</b>		NAME <b>158 PLUMAGE LD.</b>	
STREET ADDRESS <b>252 ALEMEDA DRIVE APT. 1</b>		STREET ADDRESS <b>158 PLUMAGE LD.</b>	
CITY-ST-ZIP <b>PALM SPRING, FL 33461</b>		CITY-ST-ZIP <b>WEST PALM BEACH, FL 33415</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: <b>3/25/04 (561) 615-4034</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR