

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 006 \*\*\*150.00

<b>DOCUMENT # P03000131283</b> 1. Entity Name <b>KAVIKA CUSTOM DESIGN, CORP.</b>					
Principal Place of Business <b>8143 NW 74TH AVE MEDLEY, FL 33166</b>			Mailing Address <b>8143 NW 74TH AVE MEDLEY, FL 33166</b>		
2. Principal Place of Business - No P.O. Box # <b>12308 SW 117th</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008    Chg-P    CR2E034 (12/06)	
City & State <b>Miami</b>		City & State		4. FEI Number <b>20-0392615</b>	
Zip <b>FL</b>		Country <b>33186</b>		Applied For Not Applicable	
Zip <b>FL</b>		Country <b>33186</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRUJILLO, HECTOR 8143 NW 74TH AVE MEDLEY, FL 33166</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6840 SW 163 place</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33193</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 <b>[Signature]</b> (NOTE: Registered Agent signature required when reinstating)    DATE <b>04-15-08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS TRUJILLO, HECTOR 8143 NW 74TH AVE MEDLEY, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS Trujillo, Hector 6840 SW 163 place Miami FL 33193
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
<b>SIGNATURE:</b> <b>[Signature]</b>				Date <b>04-15-08</b> Daytime Phone # <b>305-494-9013</b>	