


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State

04-22-2005 90297 013 ***150.00

DOCUMENT # P04000019912		
1. Entity Name KIKO'S FINEST UNISEX, INC.		

66019768



1st MOORE CR2E034 (10/04)

Principal Place of Business 8221 GLADES RD. STE 209 BOCA RATON FL 33434-4072 US		Mailing Address 8221 GLADES RD. STE. 209 BOCA RATON FL 33434-4072 US	
2. Principal Place of Business 8221 Glades Rd Suite, Apt. #, etc. STE 8 City & State Boca Raton FL		3. Mailing Address 1427 Wallace Dr Suite, Apt. #, etc. Delray Beach, FL City & State	
Zip 33434	Country Palm Beach	Zip 33444	Country Palm Beach

4. FEI Number 20-0706409	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 RODRIGUEZ, BERNABE 419 SW 4TH AVE BOYNTON BEACH FL 33435-4834	
7. Name and Address of New Registered Agent 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.	DATE (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RODRIGUEZ, BERNABE		NAME	
STREET ADDRESS 419 SW 4TH AVE		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33435-4834		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RODRIGUEZ, DORA J		NAME	
STREET ADDRESS 1427 WALLACE DRIVE		STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33444		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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/16/05 Daytime Phone # 561/276-3264