2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P04000136939 1. Entity Name KICOH TECH., INC.						05-04-2005 90172 015 ***150.00				
Principal Plac	e of Business	Mailing Address	Mailing Address							
421 TRADE WIND DRIVE		421 TRADE WIND DRIVE								
MINNEOLA, FL 34715		MINNEOLA, FL 34715								
2. Principal Place of Business		3. Mailing Address			50047736					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_					
		, and the second			04232005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number 20 - 10	117485			plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	f Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent-			-7Hame and	ddress of New F	egistered /	\gent		
ALMANZA, MIRNA					erea S	uriel				
642 S. DIL	LARD STREET GARDEN, FL 34787		Street Address			(P.O. Box Number is Not Acceptable) Dr.				
WINTERC	PARTIE STOP				•					
			$^{ extsf{City}}$ $\mathcal M$		linneolo	L	FL	Zip Code	7/5	
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, typod or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.				5.00 May Be ided to Fees					
10.	→ OFFICERS AND	DIRECTORS	11.		ADDITIONS/	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITLE	I				Change	■ Addition	
NAME Street adoress	PEREZ, SURIEL 421 TRADE WIND DRIVE		NAM	ET ADDRESS						
CITY-ST-ZIP	MINNEOLA, FL 34715			-ST-ZIP						
TITLE NAME		☐ Delete TIT		I				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	+				Change	Addition Addition	
name Street adoress			NAM STRE	ET ADORESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	1				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM	ET ADORESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	1				☐ Change	Addition	
NAME			NAM	- 1						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAM	9						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	portify that the information assembled with	this filing does not asset to		-ST-ZIP	Parties 110 07/01/01	Florida Statuta	I fugebor =	ih, that that '-	oformatic -	
indianted	certify that the information supplied with on this report or supplemental report is	i una mang does not quality to sitrue and accurate and that	on une exe. My signal	inpilon stated IT S ture shall have the	oecuon i 19.07(3)(1) e same legal effect	, munua Statutes. es if made under i	i iuillier cer nath-that fis	my mai me ir	or director	

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-29-05 352.536-3164