

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

02-27-2006 90091 018 ***150.00

DOCUMENT # P05000111230 1. Entity Name KUIPO CORPORATION			
Principal Place of Business 750 NW 35 CT. MIAMI FL 33125		Mailing Address 750 NW 35 CT. MIAMI FL 33125	
2. Principal Place of Business Florida Suite, Apt. #, etc. 750 NW 35 CT		3. Mailing Address 750 NW 35 CT Suite, Apt. #, etc. 750 NW 35 CT	
City & State MIAMI FLA. Zip 33125		City & State MIAMI FLA. Zip 33125	
Country USA		Country USA	
4. FEI Number 84-1688246		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, LAURA E 750 NW 35 CT. MIAMI FL 33125		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 DATE 03/22/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTSD ELENA, LAURA 750 NW 35 CT. MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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.			
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	

ATTACHMENT

66007919
#P05000111230

ANTONIO LUIS MAESTRO
LAURA ELENA GONZALEZ
750 N.W. 35TH CT.
MIAMI, FL 33125-3811

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Secretary of State
North Carolina
Bank of America



ACH R/T 063100277

06/11/15
BAL. FOR'D.

THIS
PAYMENT

BALANCE

OTHER

BAL. FOR'D.

For added security, the
account number no longer
appears on this copy.

0557 NOT NEGOTIABLE