

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 006 ***150.00

DOCUMENT # P05000163713

1. Entity Name
KIWI OPERATION, INC.



Principal Place of Business
**2400 W CYPRESS CREEK RD
SUITE 202
FT LAUDERDALE, FL 33309**

Mailing Address
**2400 W CYPRESS CREEK RD
SUITE 202
FT LAUDERDALE, FL 33309**

40088721



2. Principal Place of Business - No P.O. Box #
6521 S.W. 5th Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04092008 Chg-P CR2E034 (12/06)

City & State
Pembroke Pines

City & State

4. FEI Number
20-3988093

Applied For
Not Applicable

Zip
33023

Country
Broward

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHANG, ANTHONY
2400 W CYPRESS CREEK RD
SUITE 202
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Anthony Chang

Street Address (P.O. Box Number is Not Acceptable)

11133 N.W. 2nd Court

City
Coral Springs

FL

Zip Code
33071

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MA, CHAOYING
2669 W N BEND RD SUITE 1104
CINCINNATI, OH 45239** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SI TOU, HAU SAN
2669 W N BEND RD, 1104
CINCINNATI, OH 45239** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-267-8817

4/23/08

Date

Daytime Phone #