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Secretary of State

04-06-2007 90047 002 ***150.00

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PAGE 04

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000003835 1. Entity Name MIKIKOCOL CORPORATION																											
Principal Place of Business 901 PONCE DE LEON BLVD, SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD, SUITE 603 CORAL GABLES, FL 33134																									
2. Principal Place of Business - No P.O. Box # Suite Apt. #, etc. City & State		3. Mailing Address Suite Apt. #, etc. City & State																									
4. Registered Agent ALBORNOZ, WILLIAM H ESO 901 PONCE DE LEON BLVD, SUITE 603 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligation of registered agent.																											
SIGNATURE _____ DATE _____ Signature types of principal officers and the registered agent. Registered Agent signature must be with receipt fee.																											
FILE NUMBER FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: center;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE D NAME MARTINEZ, BENJAMIN STREET ADDRESS 901 PONCE DE LEON BLVD, SUITE 603 CITY - ST - ZIP CORAL GABLES, FL 33134 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		TITLE D NAME MARTINEZ, BENJAMIN STREET ADDRESS 901 PONCE DE LEON BLVD, SUITE 603 CITY - ST - ZIP CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 contained 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 person authorized to file this report on its behalf.

x *Benjamin Martinez* B. Martinez 4/2/07 (305)444-1741