

02/14/2008 10:33 305-445-4971

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 038 ***150.00

DOCUMENT # P06000003835 1. Entity Name MIKIKOCOL CORPORATION	
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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
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4803594	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional... Fee Required
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6. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD, SUITE 603
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

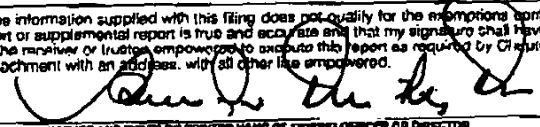
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	O MARTINEZ, BENJAMIN 901 PONCE DE LEON BLVD, SUITE 603 CORAL GABLES, FL 33134
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IN THIS SPACE**

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 507, 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

3/5/08 305-444-1741
Date Daytime Phone #

Benjamin Martinez