2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134490

Entity Name: KIKE'S HANDYMAN, INC.

FILED Mar 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5283 30AVE SW 5283 30TH AVE SW NAPLES, FL 34116 US

Current Mailing Address: New Mailing Address:

5283 30AVE SW 5283 30TH AVE SW NAPLES, FL 34116 US

FEI Number: 20-5763418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEYVA, ENRIQUE
5283 30AVE SW
NAPLES, FL 34116 US
LEYVA, ENRIQUE
5283 30TH AVE SW
NAPLES, FL 34116 US

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.

SIGNATURE: ENRIQUE LEYVA 03/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: LEYVA, ENRIQUE LEYVA, ENRIQUE Name: Name: 5283 30AVE SW 5283 30TH AVE SW Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116 US

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 GARCIA, RAISA

 Address:
 Address:
 5283 30TH AVE SW

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34116 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE LEYVA P 03/25/2008