2005 FOR PROFIT CORPORATION : ANNUAL REPORT (AR)

ANNUAL NEPONI (AN)							90098-015-\$150	.00-\$150.	00		
DOCUMENT # P96000091408 1. Entity Name							2005 SEP 16 PH 3: 26				
KIKO A REAL ESTATE COMPANY							2005	SEP 16	Dia .		
Principal Place of Business Mailing Address							SECR	ETA.	,	. 46	
734 N. CRESCENT DRIVE 734 N. CRESCENT DRIVE							TALLA	HARY	OF er	A 'e'	
PH HÖLLYWOOD F; 33021-6169 HOLLYWOOD FL 33021 US							SECR TALLA	UASSE!		WAAN WAAN	
Principal Place of Business Mailing Address							BITSON THE NUMBER STATE OF THE STATE I	THE PERIOD LEGISLE IN	am dræt fielet is	111ET 8 12E1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			15	MOORE	CR2E034	(10/04)		
City & State			City & State			4. FEI Numb	65-0715383		No	oplied For of Applicable	
Zip	Country		Zip	Country			e of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent						7. Name an	d Address of New R	agistered A	Jeni		
BARLOW, BENNETT 734 N.CRESCENT DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWOOD FL 33021-6169										-	
					City	·		FL	Zip Cod	0	
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											
FILE NOW!!! FEE IS \$150.00											
After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be											
Make Check Payable to Florida Department of State								_			
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS	/CHANGES TO OFFI				
TITLE NAME	P Delete IIII. BARLOW, BENNETT								☐ Change	Addition	
STREET ADDRESS CITY ST-ZIP	DRESS 734 N CRESCENT DR										
TOLE	☐ Delete III		IIILE			<u> </u>		Change	Addition		
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STREET ADDRESS CITY-ST-ZIP				CITY	ET ADDRESS -ST-ZIP	09/7	100059 20/050105			0.00	
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NAME			☐ Delete	ITTLE	1				☐ Change	Addition	
STREET ADDRESS					ET ADORESS					Ì	
CHY-ST-ZIP				CITY	-\$1-7IP			_			
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NAME STREET ADDRESS	ADDRESS			NAME STREET ADDRESS						}	
CITY-ST-ZIP				1	·ST-ZP						
12. Thereby	certify that th	e information supplied with t	his filing does not qualify for	the exe	mption stated in	Section 119.07(3)	(i), Florida Statutes. I	further certif	y that the ir	oformation	
indicated on this report or supplemental oport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or trustel 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: YELLUCH FAIRLOW 7/18/05 914-983-7800											
SIGNATURE: TOTAL TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dept. Dept											

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