


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90329 005 ***158.75

DOCUMENT # P97000005724 1. Entity Name KIWI S.A., INC.																													
Principal Place of Business 2153 S. U.S. 1 ROCKLEDGE, FL 32955			Mailing Address POB 560198 ROCKLEDGE, FL 32956 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3427788 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04142005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent MARKEY & FOWLER, P.A. 25 MCLEOD STREET MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 migrating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'SHEA, GERARD P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3222 S ATLANTIC AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCOA BEACH, FL 32931</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	O'SHEA, GERARD P		STREET ADDRESS	3222 S ATLANTIC AVE		CITY-ST-ZIP	COCOA BEACH, FL 32931		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VICE PRES.</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ERIC J. WILLIAMS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4993 MANDOLIN CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE, FLA. 32940</td> <td></td> </tr> </table>			TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	ERIC J. WILLIAMS		STREET ADDRESS	4993 MANDOLIN CT.		CITY-ST-ZIP	MELBOURNE, FLA. 32940	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Gerard P. O'Shea</u> (GERARD P. O'SHEA) 04-14-05 321-288-7716 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													