

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3427788

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME O'SHEA, GERARD P
STREET ADDRESS 3222 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VP ☐ Delete
NAME WILLIAMS, ERIC J.
STREET ADDRESS 4993 MANDOLIN CT.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T/S ☐ Change ☒ Addition
NAME THOMAS C. O'SHEA
STREET ADDRESS 3222 S. ATLANTIC AVE.
CITY-ST-ZIP COCOA BEACH, FLA. 32931

TITLE ☐ Change ☐ Addition
NAME 600060696496
STREET ADDRESS 10/18/05--01009--021 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gerard P. O'Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-05

321-289-7716

Date

Daytime Phone #