
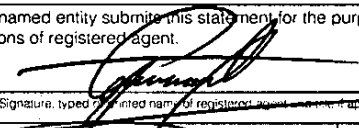
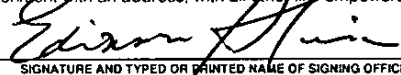


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90003 032 ***558.75

DOCUMENT # P04000111437 1. Entity Name KIKIRIKI EXPRESS RESTAURANT, INC.					
Principal Place of Business 8159 N. PINE ISLAND RD TAMARAC, FL 33321		Mailing Address 8159 N. PINE ISLAND RD TAMARAC, FL 33321			
2. Principal Place of Business 8159 N. PINE ISLAND RD		3. Mailing Address 8159 N. PINE ISLAND RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMARAC, FL.		City & State		4. FEI Number 20-1427875	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33321		Country BROWARD		6. Name and Address of Current Registered Agent GUTIERREZ, GERMAN 2477 SANDY CAY WEST PALM BEACH, FL 33411	
7. Name and Address of New Registered Agent Name EDINSON ALONIA Street Address (P.O. Box Number is Not Acceptable) 906 NW 127TH AVE City CORAL SPRINGS FL Zip Code 33071		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  Edinson Alonia 6/13/2005 <small>Signature, typed or printed name of registered agent, where applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUTIERREZ, GERMAN 2477 SANDY CAY WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT EDINSON ALONIA 906 NW 127TH AVE CORAL SPRINGS, FL. 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAMIREZ, ALBEIRO 50 HOLLY RD 666 QUEENS GRANT HILTON HEAD ISLAND, SC 29928	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 6/13/2005		Daytime Phone # 754 366-4136
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

400000110



06082005 Chg-P CR2E034 (10/03)