

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007772

FILED
Mar 17, 2004
Secretary of State**Entity Name:** KID'SIDE, INC.**Current Principal Place of Business:**C/O FOGEL RUBIN & FOGEL
350 COURTHOUSE TOWER, 44 WEST FLAGLER ST
MIAMI, FL 33130**New Principal Place of Business:****Current Mailing Address:**C/O FOGEL RUBIN & FOGEL
350 COURTHOUSE TOWER, 44 WEST FLAGLER ST
MIAMI, FL 33130**New Mailing Address:****FEI Number:** 65-1061705**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOGEL, JOEL D ESQ
7935 SW 97 STREET
MIAMI, FL 33156**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: FOGEL, TERRY L ESQ
Address: 7935 SW 97 STREET
City-St-Zip: MIAMI, FL 33156**Title:** D () Delete
Name: RUBIN, SCOTT L ESQ
Address: 6761 SW 28 TERRACE
City-St-Zip: MIAMI, FL 33155**Title:** D () Delete
Name: KELLOGG, ANN K
Address: 12420 SW 140 STREET
City-St-Zip: MIAMI, FL 33186**Title:** T () Delete
Name: FOGEL, JOEL D
Address: 7935 SW 97TH STREET
City-St-Zip: MIAMI, FL 33156**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL D. FOGEL

D

03/17/2004

Electronic Signature of Signing Officer or Director

Date