2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N00000007772

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 US

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: P ( ) Delete
Name: FIRPI, MIGUEL
Address: 1501 VENERA AVE SUITE 230
City-St-Zip: CORAL GABLES, FL 33146

Title: CO-P ( ) Delete
Name: PAMELA, GORDON ESQ
Address: 18441 NW 2ND AVENUE, SUITE 214
City-St-Zip: MIAMI GARDENS, FL 33169

Title: S ( ) Delete
Name: SOCKEL-STONE, BONNIE
Address: 11900 BISCAYE BLVD. SUITE 262
City-St-Zip: NORTH MIAMI, FL 33181

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 exemption stated in Chapter 119, 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: BONNIE SOCKEL-STONE S 02/26/2009
Electronic Signature of Signing Officer or Director — Date