


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90238 048 ***150.00

DOCUMENT # P00000034580					
1. Entity Name THE TWO KIDS, INC.					
Principal Place of Business 2401 COLLINS AVE APT 1106 MIAMI BEACH, FL 33140			Mailing Address 2401 COLLINS AVE APT 1106 MIAMI BEACH, FL 33140		
2. Principal Place of Business <i>2401 Collins Ave</i>		3. Mailing Address <i>2401 Collins Ave</i>		40038511 	
Suite, Apt. #, etc. <i>APT # 1106</i>		Suite, Apt. #, etc. <i># 1106</i>			
City & State <i>M. Beach, FL 33140</i>		City & State <i>M. Beach FL</i>		03062006 Chg-P CR2E034 (11/05)	
Zip <i>33140</i>		Country <i>USA</i>		4. FEI Number 65-0997325	
Zip <i>33140</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL PINO, RUY 2401 COLLINS AVE. APT. 1106 MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL PINO, RUY M		NAME		
STREET ADDRESS	2401 COLLINS AVE APT 1106		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH, FL 33140		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL PINO, TERESITA M		NAME		
STREET ADDRESS	2401 COLLINS AVE APT 1106		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH, FL 33140		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Teresita del Pino</i>		Date: <i>3/23/06</i>		Daytime Phone #: <i>305-538-0059</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
TERESITA DEL PINO, Sec.				Call 786-357-8676	

ATTACHMENT



40038577

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

THE TWO KIDS, INC.
2401 COLLINS AVE
APT 1106
MIAMI BEACH, FL 33140

SUBJECT: THE TWO KIDS, INC.
Ref. Number: P00000034580

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$245.00; however, the report **has not been filed** and a copy is being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Debra S Cooper
Document Specialist

Letter Number: 706A00015436

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