2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 29, 2004 08:00 AM Secretary of State

DOCUMENT	# P00000108414

1. Entity Name KINETICS LIMITED, INC.



Principal Place of Business

2588 S.W. 27TH AENUE MIAMI, FL 33133 Mailing Address

2588 S.W. 27TH AENUE MIAMI, FL 33133



03112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1060812 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A & E GARCIA, P.A. 2588 S.W. 27TH AVENUE MIAMI, FL 33133

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	named entity submits this statement for the ptions of registered agent.	surpose of changing its registere	eo office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with and accept
SIGNATURE_	Signatura, typed or printed name of registered agent and title	l'applicable. (NOTE. Registere	: Agent signature	raquired when reinstating)	DAYE
		9. Election Campaign Finan frust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PSD HERNANDEZ-ROBINSON, AUGUSTII 430 GRAND BAY DR UNIT 606 KEY BISCAYNE, FL 33149	V			U00000097925 03/29/04-80020-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby a	certify that the information supplied with this fi	ling does not qualify for the exer	nption state	d in Section 119 07(3)	(i), Florida Statutes, Hurther certify that the information of as if made under path, that I am an officer or director

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). For de 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:

Hemany - Holins Aulle - SIGNATURE AND TYPES OF PRINTED NAME OF SIGNANG OFFICER OR DEPOTOR

326.04

791-326:33/