

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #) P0100004012

1. Entity Name

NEW KIDS INTERNATIONAL, INC

03 MAY 16 AM 10:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000020046380
 05/28/03--01076--002 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11474 NW 48 TERRACE 3. Mailing Address 11474 NW 48 TERRACE

State Apt # etc

Suite Apt # etc

MIAMI, FL 33178

MIAMI, FL

4. FID Number 65-1097272

Applied For
 (Not Applicable)

Zip 33178

Country USA

Zip 33178

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name PEREZ, HAIDEE

Street Address (P.O. Box, Rm, or F. Not Applicable)

5617 S DIXIE HWY

City WEST PALM BEACH, FL FL Zip Code 33405

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to that in the state of Florida.

SIGNATURE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Department of State

10. Collection Corporation Franchise Fee (Not Applicable)

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D DIRECTOR
NAME	MIOTA ROUCO, MARIA A
STREET ADDRESS	11474 NW 48 TERRACE
CITY-STATE-ZIP	MIAMI, FL 33178
TITLE	D Director
NAME	MIOTA ROUCO, JOSE M
STREET ADDRESS	11474 NW 48 TERRACE
CITY-STATE-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not include the information stated in Section 179 (17)(3)(D) 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. I am an officer or director of the corporation or the receiver or trustee empowered to furnish this report as provided in Section 607 Florida Statutes and that my name appears in Block 11 of said report in accordance with the address with all other filers.

Jose M. Rouco

CR200348 (12/01)