


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000079615

1. Entity Name
14KT ONLINE, INC.



Principal Place of Business 12717 W. SUNRISE BLVD., SUITE 376 SUNRISE, FL 33323	Mailing Address 12717 W. SUNRISE BLVD., SUITE 376 SUNRISE, FL 33323
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04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, ANDREW R
5355 TOWN CENTER RD., SUITE 801
BOCA RATON, FL 33486

**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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000116897
04/16/04-80084-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUDELMAN, JOSEPH 12717 W. SUNRISE BLVD., SUITE 376 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NUDELMAN, NORMA 12717 W. SUNRISE BLVD., SUITE 376 SUNRISE, FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ (Signature)
SIGNATURE AND OFFICIAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/13/04 Daytime Phone #: (954) 835-2712