



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000053683		
1. Entity Name K.D.S. MARKETING, INC.		
Principal Place of Business 5209 CLEVELAND ST. HOLLYWOOD, FL 33021	Mailing Address 10411 CROSSCUT DR NW ALBUQUERQUE NM 87114	<div>FILED 04 OCT -4 AM 11:17 SECRETARY OF STATE TALLAHASSEE, FL</div>  09202004 No Chg-P CR2E034 (10/03) <i>Th</i>
DO NOT WRITE IN THIS SPACE		
4. FEI Number 75-2581654		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent		
SIEBERT, KEVIN 5209 CLEVELAND ST. HOLLYWOOD, FL 33021		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 <i>Kevin D Siebert</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <i>9/18/04</i>
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIEBERT, KEVIN 10411 CROSSCUT DR NW ALBUQUERQUE NM 87114	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Kevin D Siebert</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>9/18/04</i> 505 899 2892 Daytime Phone #