


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State


04-02-2004 90040 040 ***150.00

DOCUMENT # H58086 1. Entity Name FUNTIME PRODUCTS, INC.	
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Principal Place of Business 4000 ISLAND BLVD TH-3 MIAMI, FL 33160	Mailing Address PO BOX 530638 MIAMI, FL 33163 4000 ISLAND BLVD AVENTURA, FL 33160
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DO NOT WRITE IN THIS SPACE

94041622



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2553386	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

**GOLDEN, RICHARD A.
12000 BISCAYNE BLVD
SUITE 500
N MIAMI BEACH, FL 33181**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

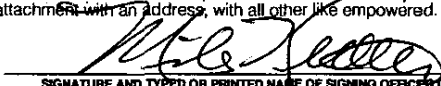
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KUTTLER, MILES E. 4000 ISLAND BLVD TH-3 AVENTURA, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTTLER, MILES E. 4000 ISLAND BLVD TH-3 AVENTURA, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUTTLER, ROBERTA 4000 ISLAND BLVD AVENTURA, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 305-439-7577
Date Daytime Phone #