

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90016 022 ***138.75

DOCUMENT # L07000043807

1. Entity Name
KIDSAFE USA LLC



Principal Place of Business
**6030 NW 96TH DR.
PARKLAND, FL 33076**

Mailing Address
**6030 NW 96TH DR.
PARKLAND, FL 33076**

60044913



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8905309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WEINTRAUB, PETER B
2650 N. MILITARY TRAIL
SUITE 150
BOCA RATON, FL 33431~~

*Sally Berenzweig
19753 Dinner Key Dr.
Boca Raton, FL
33498*

**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: *Sally Berenzweig*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *7/10/08*

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERENZWEIG, SALLY
19753 DINNER KEY DR.
BOCA RATON, FL 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BENJOSEPH, CHERIE
6030 NW 96TH DR.
PARKLAND, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sally Berenzweig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/10/08
Date

561-715-1077
Daytime Phone #

7/10/08
Date

561-756-2171
Daytime Phone #