
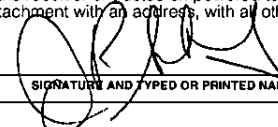


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90010 002 ****61.25

DOCUMENT # N00000004612					
1. Entity Name AMERICA'S KIDS, INC.					
Principal Place of Business 8941 N W 117TH TERRACE HIALEAH GARDENS, FL 33018			Mailing Address 8941 N W 117TH TERRACE HIALEAH GARDENS, FL 33018		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1032161	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTAMARINA, JOSE R 8941 N W 117TH TERRACE HIALEAH GARDENS, FL 33018				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME SANTAMARINA, JOSE R		TITLE SD	NAME LUGO GLORIA	
STREET ADDRESS 8941 N W 117TH TERRACE	CITY-ST-ZIP HIALEAH GARDENS, FL 33018		STREET ADDRESS 10126 NW 2 Ave.	CITY-ST-ZIP MIAMI, FL 33150	
TITLE D	NAME RODRIGUEZ, RAFAEL		TITLE TD	NAME MORFA FELIX	
STREET ADDRESS 15031 S W 43RD TERRACE	CITY-ST-ZIP MIAMI, FL 33185		STREET ADDRESS 16325 Gdt Club Road #206	CITY-ST-ZIP Weston FL 33326	
TITLE D	NAME GOMEZ, FRANCISCO		TITLE D	NAME MELENDEZ ADDY	
STREET ADDRESS 16196 S W 4TH STREET	CITY-ST-ZIP PEMBROKE PINES, FL 33027		STREET ADDRESS 7185 W 10 AVE.	CITY-ST-ZIP HIALEAH, FL 33014	
TITLE VD	NAME MATOS, SAMUEL		(Empty row for additions/changes)		
STREET ADDRESS 5800 W LANE #101	CITY-ST-ZIP HIALEAH, FL 33012		(Empty row for additions/changes)		
TITLE D	NAME ROQUE, PEDRO		(Empty row for additions/changes)		
STREET ADDRESS 941 E 45TH STREET	CITY-ST-ZIP HIALEAH, FL 33013		(Empty row for additions/changes)		
TITLE TD	NAME MELENDEZ, ADDY		(Empty row for additions/changes)		
STREET ADDRESS 7185 W 10TH AVENUE	CITY-ST-ZIP HIALEAH, FL 33014		(Empty row for additions/changes)		
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 617, 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:  JOSE R. SANTAMARINA (Pres) 4-2-04 (305) 8217047					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54026199



03302004 Chg-NP CR2E037 (10/03)