


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90639 010 \*\*\*150.00

<b>DOCUMENT #</b> N03000006272	
<b>1. Entity Name</b> BIONIC-KIDZ INC.	

<b>Principal Place of Business</b> 184 WESTWARD DRIVE MIAMI SPRINGS FL 33166 US	<b>Mailing Address</b> 184 WESTWARD DRIVE MIAMI SPRINGS FL 33166 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>	
BERNSTEIN, GLENN A 184 WESTWARD DRIVE MIAMI SPRINGS FL 33166	

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P	<b>NAME</b> BERNSTEIN, GLENN A <b>STREET ADDRESS</b> 184 WESTWARD DRIVE <b>CITY-ST-ZIP</b> MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP	<b>NAME</b> BERNSTEIN, STUART <b>STREET ADDRESS</b> 184 WESTWARD DRIVE <b>CITY-ST-ZIP</b> MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SEC	<b>NAME</b> BERNSTEIN, ANN M <b>STREET ADDRESS</b> 20190 E. COUNTRY CLUB DRIVE <b>CITY-ST-ZIP</b> AVENTURA FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Glenn A Bernstein **GLENN BERNSTEIN** 2/28/04 3058853241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00447610



MOORE CR2E037 (11/03)

**4. FEI Number** 329523946 **Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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