

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000007290	
1. Entity Name KIDS LINK TO SUCCESS, INC.	



FILED

04 JUL -2 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2151 NW BOCA RATON BLVD. SUITE 100 BOCA RATON, FL 33431	Mailing Address 2151 NW BOCA RATON BLVD. SUITE 100 BOCA RATON, FL 33431
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2. Principal Place of Business 102 NE 2nd Street Suite, Apt. #, etc. #141	3. Mailing Address 102 NE 2nd Street Suite, Apt. #, etc. #141
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City & State Boca Raton, FL.	City & State Boca Raton, FL.
Zip 33432	Country USA

05252004 Chg-NP CR2E037 (10/03)

4. FEI Number
77-0605204 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent HASKINS, STEPHEN L 1401 TAMARIND WAY BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name Salehi, Mehrdad Street Address (P.O. Box Number is Not Acceptable) 1355 Wood Row Way City Wellington FL Zip Code 33414	
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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 Mehرداد Salehi, Treasurer M. Salehi 6/16/2004
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAUFMAN, MICHAEL I 16356 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASKINS, STEPHEN L 1401 TAMARIND WAY BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLESKI, JOHN S 5949 BARTRAM STREET BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gowdy, Cheryl A. 529 S. Flagler Dr. #27E West Palm Beach, Florida 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brown-Murro, Kelley 11901 Osprey Pointe Circle Wellington, Florida 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Salehi, Mehrdad 1355 Wood Row Way Wellington, Florida 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Salehi, Mehrdad 1355 Wood Row Way Wellington, Florida 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300038847249 07/07/04--01072--018 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: M. Salehi 6/16/2004 561-662-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #