


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90063 015 \*\*\*\*70.00

<b>DOCUMENT # N04000001537</b>	
1. Entity Name <b>FOR THE KIDZ FOUNDATION, INC.</b>	

Principal Place of Business <b>444 SW 64 CT MIAMI FL 33144</b>	Mailing Address <b>444 SW 64 CT MIAMI FL 33144</b>
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>51-0497906</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>QUIROS-LASO, MIRIAM F 19621 BELVIEW DR MIAMI FL 33157</b>	7. Name and Address of New Registered Agent Name <b>Quiros, Miriam E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 SW 64 CT</b> City <b>Miami</b> FL Zip Code <b>33144</b>
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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 *Miriam E. Quiros* **Miriam E. Quiros** DATE **4/17/05**

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIROS-LASO, MIRIAM F 19621 BELVIEW DR MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Quiros Laso Miriam E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19621 Belview Dr.</b> <b>Miami FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASO, ALEXIS F 19621 BELVIEW DR MIAMI FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUIROS, JOSE J 444 SW 64 CT MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD QUIROS, MIRIAM E 444 SW 64 CT MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Quiros Miriam E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 SW 64 CT</b> <b>Miami FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMO, ISAUBRA 5505 NW 7 ST #302 W MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, MANUELA 435 SW 10 ST #312 MIAMI FL 33130 <input type="checkbox"/> Delete	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 *Miriam E. Quiros* **Miriam E. Quiros** DATE **4/17/05** Daytime Phone # **305-2620778**

(Signature and typed or printed name of signing officer or director) DATE