

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90381 024 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P0000000344**  
 1. Entity Name  
**KJ 6 TENDER TOUCH AND BOUTIQUE INC**

**DO NOT WRITE IN THIS SPACE**

**11038777**

2. Principal Place of Business  
**2630 SW 53 RD AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**HOLLY WOOD FL**

City & State

4. FEI Number  
**65-09699819**

Applied For  
 Not Applicable

Zip  
**33023**

Country

Zip

Country

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

Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**LEE, JUDY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2630 SW 53RD AVE**  
 City **HOLLY WOOD** FL Zip Code **33023**

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.  
 SIGNATURE *Judy Lee* DATE **4/30/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTSD HALL, KENYA 2630 SW 53 RD AVE HOLLY WOOD FL 33023</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.O. LEE, JUDY 2630 SW 53RD AVE HOLLYWOOD FL 33023</b>
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: *Judy Lee* DATE **4/30/03** PHONE **305-652-0303**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED346 (12/01)