

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90079 049 ***150.00

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1. Entity Name
KIDOKINETICS, INC.



Principal Place of Business
**1957 ANDROMEDA LANE
WESTON, FL 33327**

Mailing Address
**318 INDIAN TRACE
#121
FORT LAUDERDALE, FL 33326**

24026500



2. Principal Place of Business

1209 Chenille Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004

Chg-P

CR2E034 (10/03)

City & State

Weston, FL

City & State

4. FEI Number

65-1054868

Applied For

Not Applicable

Zip

33327

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAUN, TERRI
1957 ANDROMEDA LANE
WESTON, FL 33327**

Name **TERRI BRAUN**

Street Address (P.O. Box Number is Not Acceptable)

1209 Chenille Circle

City **Weston**

FL

Zip Code

33327

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

TERRI BRAUN President

3/20/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRAUN, TERRI**
STREET ADDRESS **1957 ANDROMEDA LANE**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1209 Chenille Circle**
CITY-ST-ZIP **Weston, FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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:

TERRI BRAUN President

3/20/04

(954) 385-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #