

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90240 024 ***150.00

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1. Entity Name
4 KIDS INC.



Principal Place of Business

2098 N.W. 20 ST.
STORE #7
MIAMI, FL 33142

Mailing Address

2098 N.W. 20 ST.
STORE #7
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1052655

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, EDDIE
2098 N.W. 20 ST.
STORE #7
MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD P.D.
NAME	COHEN, EDDIE
STREET ADDRESS	2098 N.W. 20 ST.
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	TD
NAME	COHEN, DAVID
STREET ADDRESS	2098 N.W. 20 ST.
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	SD
NAME	COHEN, JEFFREY
STREET ADDRESS	2098 N.W. 20 ST.
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	PD
NAME	COHEN, MORRIS
STREET ADDRESS	2098 NW 20TH STREET
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eddie COHEN

4/28/06 305-326-1924

Date

Daytime Phone #