

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113939

1. Entity Name
ALL STARS KIDS ACADEMY, INC.



FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90272 042 ***150.00

Principal Place of Business

13688 HAWK LAKE DR
ORLANDO, FL 32837

Mailing Address

13688 HAWK LAKE DR
SUITE 148
ORLANDO, FL 32837

2. Principal Place of Business

7657 TURKEY LAKE ROAD

3. Mailing Address

13688 HAWK LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3686258

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSAL, ANITA
13688 HAWK LAKE DR
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name

ANITA GOSAL

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

13688 HAWK LAKE DR

City

ORLANDO

FL

Zip Code

32837

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

Anita Gosal

President

4/21/04

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 PSD ☐ Delete

NAME GOSAL, ANITA
STREET ADDRESS 13688 HAWK LAKE DR
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VTD ☐ Delete

NAME GOSAL, DILIP
STREET ADDRESS 13688 HAWK LAKE DR
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Anita Gosal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

407-925-1290

Daytime Phone #