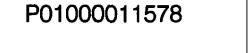
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

KID'S PC, CORP.





FILED
Apr 28, 2003 8:00 am
Secretary of State
04.28.2003.01.205.011.***1.55.00

Principal Place 3008 S.W. 68T MIRAMAR FL 3	TH AVE. 33023		Mailing Address 3008 S.W. 68TH AVE. MIRAMAR FL 33023 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							IE NANKINIO	CHANCES			
						-	☐_CHECK_HERE_IF_MAKING_CHANGES_						
City & State				City & State				4. F	65-1086483		No	plied For t Applicable	
Zip	Country			Zip Count			5. Certificate of				\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
OCHOTECO, WILMER E						Name			<u> </u>				
	-			Street Address (P.O. Box Number is Not Acceptable)					
5733 S.W. 39TH STREET HOLLYWOOD FL 33023													
HOLLING	OD 1 E 330	20			000					7: 0			
		<u></u>		·		City				FL	Zip Code	····	
	named entity tions of regist		r the purp	ose of changing its	registere	ed office or re	egistered	agei	nt, or both, in the State of Flo	rida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	ind title if app	licable. (NOTE	: Registere	d Agent signature	required wh	en rein	stating)	DATE			
- ₹ E	HE NOWII) EEE IO 0150 00						Т					
	!_FEE_IS_\$150.00 3 Fee will be \$550.00						 9. Election Campaign Fin Trust Fund Contribution 			0-May-Be-			
Make Check	c Payable to	Florida Department of					must Fund Contribution	<u>م</u> ر ۱.	Added	to Fees			
10.		OFFICERS AND	DIRECTO	RS	11.			ADD	ITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
	5733 SW 3	o, wilmer e 99 street od Fl 33023		☐ Delete							☐ Change	Addition	
NAME · STREET ADDRESS	D OCERINJA 3008 S.W. MIRAMAR			☐ Delete	1						☐ Change	☐ Addition	
STREET ADDRESS	D RODRIGUE 3008 S.W. MIRAMAR			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete			- 04	- -	C 40	·	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						•	Change	Addition	

12. I hereby certify that the information supplied with this filling does not goalify 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 frue 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 accurate his 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: