2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90331 011 ***150.00

DOCUMENT # P01000017341

1. Entity Name
KEWL TOYS, INC.

Principal Place of Business	Mailing Address
206 N.E. 16TH AVENUE #4 FORT LAUDERDALE, FL 33301	P.O BOX 23822. FORT LAUDERDALE, FL 33307

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4025 N. Fed Hwy	
Suite, Apt. #, etc.: 315A	Suite, Apt. #, etc.
City & State: OAKLAND PARK	City & State
Zip: 33308 Country	Zip Country

4. FEI Number: 65-1088871 ☐ Applied For ☐ Not Applicable

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
STRADTNER, KEVIN 1239 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	Name: STRADTNER, Kevin Street Address (P.O. Box Number is Not Acceptable): 4025 NORTH Federal Hwy 315A City: OAKLAND PARK FL Zip Code: 33308

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 _____ DATE
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP URQUIJO, CHRISTIUN POST OFFICE BOX 23822 OAKLAND PARK, FL 33307	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRADTNER, KEVIN P.O BOX 23822 OAKLAND PARK, FL 33307	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Kevin Stradtner 04-15-04 954-563-0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #