

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90049 023 \*\*\*150.00

**DOCUMENT # P01000048130**

1. Entity Name

**KIMOZOBY INC.**



Principal Place of Business

9920 NORTH WST 57 MANOR  
CORAL SPRINGS FL 33076

Mailing Address

9920 NORTH WST 57 MANOR  
CORAL SPRINGS FL 33076

**24029128**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**3640 NW 113th AVE**  
Suite, Apt. #, etc.  
**CORAL SPRINGS, FLORIDA**  
City & State

3. Mailing Address

**3640 NW 113th AVE**  
Suite, Apt. #, etc.  
**CORAL SPRINGS, FLORIDA**  
City & State

4. FEI Number

**65-1112465**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip **33065**

Country **USA**

Zip **33065**

Country **USA**

6. Name and Address of Current Registered Agent

**LEIBOWITZ, JERRY D**  
**3181 WEST HALLANDALE BEACH BLVD.**  
**PEMBROKE PARK FL 33009**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2004. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ZOBLIN, ANDREW M**  
STREET ADDRESS **9920 NORTH WST 57 MANOR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/04** **(454)255-8980**

Date

Daytime Phone #