

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000014825

1. Entity Name
ACTION KIDS CORP.



Principal Place of Business
1445-B N.W. 40TH AVENUE
LAUDERHILL, FL

Mailing Address
1445-B N.W. 40TH AVENUE
LAUDERHILL, FL



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0001960

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAUBENFELD, ABRAHAM
2851 N.E. 183RD STREET
AVENTURA, FL 33160

**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

3/20/04

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

000000117001
04/08/04-80040-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAUBENFELD, WOLF
STREET ADDRESS	5601 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	SD
NAME	TAUBENFELD, ABRAHAM
STREET ADDRESS	2851 N.E. 183RD STREET
CITY - ST - ZIP	AVENUTRA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/20/04 904-327-0630

DATE

Daytime Phone #