
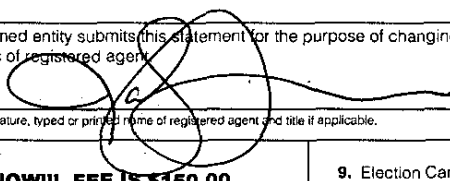
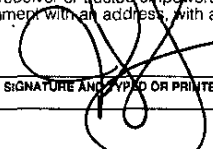


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90360 046 ***150.00

DOCUMENT # P02000024621					
1. Entity Name KIDTOWN, INC.					
Principal Place of Business 9010 CARIBBEAN BLVD MIAMI, FL 33157			Mailing Address 9010 CARIBBEAN BLVD MIAMI, FL 33157		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 81-0545697	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE LA TORRE, JORGE N 20440 SOUTHWEST 85 AVENUE MIAMI, FL 33189			Name DE LA TORRE, JORGE N Street Address (P.O. Box Number is Not Acceptable) 9010 CARIBBEAN BLVD. City MIAMI FL Zip Code 33157		
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 4/26/2004		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PDS NAME DE LA TORRE, MARIA STREET ADDRESS 20440 SOUTHWEST 85 AVENUE CITY-ST-ZIP MIAMI, FL 33189	<input type="checkbox"/> Delete		TITLE PDS NAME DE LA TORRE, MARIA STREET ADDRESS 9010 CARIBBEAN BLVD CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VDT NAME DE LA TORRE, JORGE N STREET ADDRESS 20440 SOUTHWEST 85 AVENUE CITY-ST-ZIP MIAMI, FL 33189	<input type="checkbox"/> Delete		TITLE VDT NAME DE LA TORRE, JORGE N STREET ADDRESS 9010 CARIBBEAN BLVD CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			JORGE N. DE LA TORRE, V.P.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/26/2004 DAYTIME PHONE # (305) 232-3511		