

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000043050

1. Entity Name  
KIDZ ADVENTURES, INC.



Principal Place of Business  
1040 WATERSIDE CIR.  
FORT LAUDERDALE, FL 33327

Mailing Address  
1040 WATERSIDE CIR.  
FORT LAUDERDALE, FL 33327



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1534216	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MOLINO, SUSIE J  
1040 WATERSIDE CIR.  
FORT LAUDERDALE, FL 33327

**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

*Susie J. Molino*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-04

**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

000000090515  
03/17/04-80022-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MOLINO, SUSIE J
STREET ADDRESS	1040 WATERSIDE CIR.
CITY-ST-ZIP	WESTON, FL 33327

TITLE	
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**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)(f), 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

Date

Daytime Phone #