FILED Apr 28, 2003 8:00 am Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

UNIFORM BUSINESS REPORT (UBR)					04-28-2003 91475 026 ***150.00		
DOCUMENT # P02000071401					,		
1. Entity Name			/	1	·		
KANDY KIDZ, INC			i/ '				
KANDY KIDZ, INC.							
DO NOT WRITE IN THIS SPACE					t ,		
2. Principal Place of Business 2020 NE 163RD STREET		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
202 City & State		City & State			4. FEI Number	Applied For	
NORTH MIAMI BEACH, FL		7in Country			03-0469897	Not Applicable	
Zip 33162	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<u> </u>					ne and Address of Current Regis	tered Agent-	
DO NOT WRITE			0.404040404040404040404	ime SY STOL	L		
					ress (P.O. Box Number is Not Acce	eptable)	
e de la companya de	PACE			ND STREET			
	\cdot \cdot \cdot \cdot \cdot \cdot		SUITE 2020 City			Zip Code	
	///		NORTH MIAM			33162	
8. The above named State of Florida. I	i entity submits this am familiar with, and	statement for the purpo d accept the obligation	ose of changing s of registered	g its regis agent.	stered office or registered agent, or	r both, in the	
SIGNATURE 4	X lee	PEGG	Y STOLL _	_	_	4/23/2003 _	
		of registered agent and title i	f applicable. (NC	TE: Regist	ered Agent signature required when reinstati	ng) DATE	
January 1 f May 1 Fee is \$150,00 After May 1, Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees	
10.	OFFICERS /	AND DIRECTORS	11.				
TITLE NAME	PRESIDENT / DIRECTOR PEGGY STOLL		NAME				
STREET ADDRESS CITY-ST-ZIP	2020 NE 163RD STREET NORTH MIAMI BEACH, FL 33162		STREET ADDRESS CITY-ST-ZIP		3		
TITLE			TITLE				
NAME STREET ADDRESS	·		NAME STREET	ADDRESS	3		
CITY-ST-ZIP TITLE	 	<u> </u>	CITY-ST-	ZIΡ			
NAME	}		NAME				
STREET ADDRESS CITY-ST-ZIP			STREET /	3 to 1 to	DO NOT W	/RITE	
TITLE NAME		<u> </u>	TITLE		IN THIS SI	PACE	
STREET ADDRESS			STREET	-0-0-0-0-0-0-0-0-0-0-0			
CITY-ST-ZIP TITLE			CITY-ST-	ΖIP			
NAME STREET ADDRESS			NAME	ADDDCC	4		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	STREET, CITY-ST-,)		
TITLE NAME			TITLE				
STREET ADDRESS	1	•	STREET		3		
CITY-ST-ZIP 12. I hereby certify that I	the information supplie	d with this filing does not	qualify for the ex	emption s	stated in Section 119.07(3)(i), Florida S	tatutes. 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 on an attachment with an address, with all other like empowered.							
SIGNATURE: SIGN	ATURE AND TYPED (PEGGY STO	LL SIGNING OFFICE	FR OR DI	4/23/2003 3 RECTOR Date D	05-948-2338	