

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 020 ***150.00

DOCUMENT # P02000086399

1. Entity Name

A1 SMART KIDS CLOTHING CORP.



Principal Place of Business

2851 N.E. 183RD. ST. #1207
AVENTURA, FL 33160 US

Mailing Address

2851 N.E. 183RD. ST. #1207
AVENTURA, FL 33160 US

50015481

2. Principal Place of Business

1445-B NW 40TH AVE
Suite, Apt. #, etc.

3. Mailing Address

1445-B NW 40TH AVE
Suite, Apt. #, etc.



02082005

Chg-P

CR2E034 (10/03)

City & State

LAUDERHILL, FLORIDA

City & State

LAUDERHILL, FLORIDA

4. FEI Number

22-3865905

Applied For

Not Applicable

Zip 33313

Country USA

Zip 33313

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAUBENFELD, ISAAC S
2851 N.E. 183RD. ST. #1207
AVENTURA, FL 33160

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TAUBENFELD, ISAAC S
STREET ADDRESS 2851 N.E. 183RD. ST. #1207
CITY-ST-ZIP AVENTURA, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

PD ISAAC S. TAUBENFELD 2/7/05