## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000086399**

1. Entity Name

A1 SMART KIDS CLOTHING CORP.



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1445 -B NW 40TH AVE Lauderhill, Fl 33313 1445 -8 NW 40TH AVE LAUDERHILL, FL 33313 US



## DO NOT WRITE IN THIS SPACE

03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3865905

Applied For Not Applicable

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

SIGNATURE: \_

## 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					
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	. U0000008855\$1
10. OFFICERS AND DIRECTORS					<del>' 04/18/08-80019-004 750.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAUBENFELD, ISAAC S 2851 N.E. 183RD. ST. #1207 AVENTURA, FL 33160				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR