

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90222 009 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000052102**

1. Entity Name  
**Y NOT KIDZ, INC.**



Principal Place of Business

**13022 SW 40 STREET  
DAVIE, FL 33330**

Mailing Address

**13022 SW 40 STREET  
DAVIE, FL 33330**

**14006742**



03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**16-1665711**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DALEY, DEBORAH  
13022 SW 40 STREET  
DAVIE, FL 33330**

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 state if applicable

(NOTE: Registered Agent signature required when circulating)

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 **PT** ☐ Delete  
NAME **DALEY, DEBORAH**  
STREET ADDRESS **13022 SW 40 STREET**  
CITY-STATE-ZIP **DAVIE, FL 33330**

TITLE **S** ☐ Delete  
NAME **FINNEY, CARLA**  
STREET ADDRESS **7804 SW 8 ST**  
CITY-STATE-ZIP **OCALA, FL 33474**

TITLE **VP** ☒ Delete  
NAME **BOY, ELENA**  
STREET ADDRESS **719 BUNGALOW TERR**  
CITY-STATE-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **Vice President and Secretary** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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: *Deborah Daley* President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-05 954-475-8450**