2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-10-2004 90458 039 ***150.00

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May 10, 2004 8:00 am
Secretary of State
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DOCUMENT # P03000137055 KID'S SMALL WORLD INC. 24073712 Principal Place of Business Mailing Address 7710 NW 50TH ST. 7710 NW 50TH ST. B-15 #105 B-15 #105 LAUDERDALE HILLS, FL 33351 LAUDERDALE HILLS, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Chg-P 4. FEI Number 20-0421013 City & State City & State Applied For Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAONA, GLORIA P Street Address (P.O. Box Number is Not Acceptable) 7710 NW 50TH ST. B-15 #105 LAUDERDALE HILLS, FL 33351 Zio 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 Glong Tahica Gaong Signature, typed or printed panie of registered agent and little 4 applicable (NOTE: Sectionared Accordates restained when registrates.) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Centribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PD. ☐ Delete THE Change ☐ Addition NAME NA34E GAONA, GLORIA P STREET ADDRESS 7710 NW 50TH ST. B-15 #105 STREET ADDRESS CHY-SI-ZP LAUDERDALE HILLS, FL 33351 CHY-SI-ZIP HHI: ☐ Change Addition THE ☐ Delete MAVE NAME STREET ADDRESS STREET ADDRESS CITY - ST- 2IP CITY+ST- ZIP mue ☐ Change Addition Delete 31118 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP ☐ Change Addition ☐ Delete MILE DRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete THE Change Addition mle NoME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-AP CITY- \$1-ZIP ☐ Delete Addition Effle ☐ Charge THILE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

754 Glona Matrica 234-3103 Gaora