

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90042 029 ***150.00

DOCUMENT # P03000144556

1. Entity Name

ROTHCHILD'S CHILDRENS CONSUMER PRODUCTS, INC~



Principal Place of Business

3901 S. OCEAN DR.
SUITE 3D
HOLLYWOOD FL 33019
US

Mailing Address

3901 S. OCEAN DR.
SUITE 3D
HOLLYWOOD FL 33019
US

2. Principal Place of Business

1975 Stirling Rd
Suite, Apt. #, etc.
Bldg #3

3. Mailing Address

P.O. Box 223727
Suite, Apt. #, etc.
HLWD, FL

City & State

Dania Beach, FL

City & State

Loeida

Zip

33004

Country

Zip

33022

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

61-7461645

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, SHEILA
700 SW 137AVE
#305
PEMBROKE PINES FL 33027

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME SOLOMON, LESLIE D
STREET ADDRESS 3901 S.OCEAN DR, SUITE 3D
CITY-ST-ZIP HOLLYWOOD FL 33019

☐ Delete

TITLE TRES
NAME SOLOMON, LESLIE D
STREET ADDRESS 3901 S.OCEAN DR
CITY-ST-ZIP HOLLYWOOD FL 33019

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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 #

3/20/04 754-922-4020