2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P0400010013 1. Entity Name KIDS ADVENTURES ENTERPRISES, INC.							05-02-2005 90480 047 ***150.00				
Principal Place of Business Mailing Address											
2780 NE A83RD STREET, STE. 1909 AVENTURA, FL 33160 2780 NE A83RD STREET, STE. 1909 AVENTURA, FL 33160							a legningi m		in kiri ka wala kasa kasa ka	7201 (t. 1601	
2. Principal P	lace of Busin	ess Street	3. Mailing Address 2180 NE 183 rd Street								
Suite, Apt. #, etc. # 1909			Suite, Apt. #, etc. # 1909				04182005	Chg-P	CR2E034 (10/03)		
City & State Aventura, FL			City & State Aventura, FL				4. FEI Numbe 32-01		}—	plied For	
Zip 33160	Zip Country		Zip Cou 33160 US			5. Certificate of Status Desi			\$9.75 Addition		
75160	6. Name	and Address of Current		<u> U.SP</u>	1		7. Name and	Address of New	Registered Agent		
						Name a					
LUGO, ELMO R 2780 NE A83RD STREET, STE. 1909 AVENTURA, FL 33160					Elmo K, Lugo Street Address (P.O. Box Number is Not Acceptable) 2780 NK 183 Street						
777277373772 33733					#190	#1909					
					City₄	ventura 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 eignature required when reinstating) DATE 52.											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE	D	мов	☐ Delete	TITLE		P *********	0 1		☑ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NOR N83RD STREET, STE. RA, FL 33160			ET ADDRESS	2780 /	R.Lugo VE 183 rd S Lura FL 33	treet#1909			
TITLE	D		Delete	TITLE	. I	V			Change	☐ Addition	
NAME	VEGA, AS		NAM		: s	Astrid M. Vega 2180 NE 1837 Street #					
STREET ADDRESS CITY-ST-ZIP		A83RD STREET, STE. RA, FL 33160	1909	STRE			ura FL 3				
TITLE			☐ Delete	mu	. [71. V. G	41	<i>314</i>	Change	☐ Addition	
NAME STREET ADDRESS				NAME	ET ADORESS						
CITY-ST-ZIP	<u> </u>				-ST-ZIP						
TITLE			☐ Delete	TITLE		•			☐ Change	Addition	
NAME				NAM							
STREET ADORESS CITY-ST-ZIP					ET ADORESS -ST-ZIP						
TITLE	 	-	☐ Delete	IIILE					☐ Change	Addition	
NAME CTREET ADDRESSE				NAME							
STREET ADDRESS CITY-ST-ZIP					et adoress -St-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Delete	HILE					☐ Change	☐ Addition	
NAME				NAME					_ •		
STREET ADDRESS CITY-ST-ZIP	[ET ADORESS -ST-ZDP						
	certify that the	e information supplied with	this filing does not qualify f			ed in Se	ction 119.07(3)(i), Florida Statutes	. I further certify that the in	nformation	

2.1 Thereby certify that the information supplied with first little goes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

El mo R. Lugo
ED OR PRINTED NAME OF SKIMBING OFFICER OR DIRECTOR

April 29th 2005

(305)932-3643

Daytime Phone #