

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90231 014 \*\*\*150.00

<b>DOCUMENT # P04000163586</b> 1. Entity Name FLORIDAKIDSEVENTS.COM, INC.					
Principal Place of Business 19100 SENACA AVENUE WESTON, FL 33332			Mailing Address 19100 SENACA AVENUE WESTON, FL 33332		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>ALVAREZ-POL, ANA MARIA 19100 SENACA AVENUE WESTON, FL 33332</del>				7. Name and Address of New Registered Agent Name <u>Ana Maria Pol</u> Street Address (P.O. Box Number is Not Acceptable) <u>19100 senaca Ave</u> City <u>Weston</u> FL Zip Code <u>33332</u>	
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 <u>X</u> <u>[Signature]</u> DATE <u>5/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <u>DP</u> <input type="checkbox"/> Delete NAME <u>ALVAREZ-POL, ANA MARIA</u> STREET ADDRESS <u>19100 SENACA AVENUE</u> CITY-ST-ZIP <u>WESTON, FL 33332</u>			TITLE <u>DP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>Ana Maria Pol</u> STREET ADDRESS <u>19100 Senaca Ave</u> CITY-ST-ZIP <u>Weston FL 33332</u>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/9/05</u> (954) <u>660-0834</u> <small>Daytime Phone #</small>		