2007 FOR PROFIT CORFORATION ANNUAL REPORT

FILED Apr 03, 2007 8:00 am Secretary of State 03-19-2007 90082 014 ***150.00

DOCUMENT # P06000089645 1. Entity Name KIDS 4EVER INC.							03-19-200	_	714 ***)	130.00
Principal Plac	e of Busines	s	Mailing Address	Mailing Address			•			
1665 PENNYSYLVANIA NE St. Petersburg, Fl. 33703			1665 PENNYSYLVANIA NE St. Petersburg, Fl. 33703							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03122007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. El Numi	°°0775	706	` —	pplied For ot Applicable
Zip	Country		Zip	Pip Country		5. Certificat	e of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
ELMENDORF, ANA MARIA					Nasina					
5451 16TH ST. PETE						(P.O. Box Numl	per is Not Acceptab	ie)		
					City			FL	Zip Coo	le .
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										
Signification, Ryped or printed name of registered agent and tide if explicable. (NOTE: Registered Agent significative required when remistating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Pee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.										
10.	PD	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	PD Delete 117 ELMENDORF, ANA MARIA								☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	5451 16TH LANE NE				ET ADDRESS -ST-ZIP					
TITLE	VD Delete Titu								☐ Change	Addition
NAME CTOCCT +DOOCCC	1			NAM						
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG, FL 33703				ET ADDRESS -ST-ZIP					
TITLE	STD	TTI JORGE E	☐ Delete					Change	Addition	
NAME STREET ADDRESS	2UCCHETTI, JORGE F NA 9420 OAK MEADOW CT. STR				ET ADORESS					İ
CITY-ST-ZIP	TAMPA, F			спу-	-ST-20P					
TITLE			☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS				NAME STRET	ET ADORESS					
CITY-ST-ZIP					S1-27P					
TITLE			☐ Delete	TATLE	f				Change	Addition
NAME Street Address				NAME	ET ADORESS					
CITY-ST-ZIP					ST-28P					-
TITLE	<u>-</u>	· - ·	☐ Delete	MLE					Change	☐ Addition
NAME STREET ADDRESS				MAME	T ADDRESS					
CITY-ST-ZIP					ST-ZIP	-,				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.										
SIGNAT	URE:-	Que III	San La	<u></u>		3/	15/07		dina Dhana F	}
		AND TARREST OF THE PERSON OF T	PRINTED NAME OF BIGNING OF	EN ON DINECT	-		U-BRE	Day	time Phone #	F