FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P12000014198

1. Entity Name

Both Kids CA INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL -3 PM 3:11

CR2E034B (1/11)

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8283 NW 64th ST	8283 NW 64th ST
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State Miami, FL	City & State Miami, FL
Zip 33166 Country USA	Zip 33166 Country USA

4. FEI Number 90-0795351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Jose Perez

Street Address (P.O. Box Numbers Not Acceptable) 1325 NW 36th ST

City Miami FL Zip Code 33166

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 _____ 06/27/2014
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address: doral@jpgbusiness.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gregory Mijares / President 8283 NW 64th ST Miami, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rafael Jimenez / Vice President 8283 NW 64th ST Miami, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Francisco Rodriguez / Dir 8283 NW 64th ST Miami, FL 33166
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: Gregory Mijares 06/26/2014 (305) 436-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

President.