

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000000903

1. Entity Name

KID'S HOUSE CHILDREN WEAR, INC.



Principal Place of Business

2098 NW 20TH ST  
MIAMI, FL 33142

Mailing Address

8502 NW 198 TERRACE  
MIAMI, FL 33015



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0457982

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, JAIME  
9858 SW 2 ST  
MIAMI, FL 33174

**DO NOT WRITE  
IN THIS SPACE**

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

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

U000000142539  
04/30/04-80055-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUTIERREZ, JAIME
STREET ADDRESS	9858 SW 2ND ST
CITY - ST - ZIP	MIAMI, FL 33174
TITLE	VD
NAME	GUTIERREZ, ILEANA
STREET ADDRESS	9858 SW 2ND ST
CITY - ST - ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

04/27/04

Date

(305) 545-6321

Daytime Phone #