

DOCUMENT # P95000039161

1. Entity Name


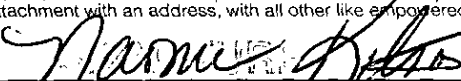
KITSOS, INC.

05-16-2000 90185 006 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 521 ATHENS STREET TARPON SPRINGS FL 34689		Mailing Address 521 ATHENS STREET TARPON SPRINGS FL 34689-3105		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">004092</div> <div style="text-align: left;"></div> <div style="text-align: right; font-size: 10px;">DO NOT WRITE IN THIS SPACE</div>				
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3317686 <div style="float: right; font-size: 8px;">Applied For <input type="checkbox"/> Not Applicable</div>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								
KITSOS, NAOMI ESQ. 521 ATHENS STREET TARPON SPRINGS FL 34689				7. Name and Address of New Registered Agent				
				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City	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.								
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D							
	KITSOS, NAOMI							
	521 ATHENS STREET							
	TARPON SPRINGS FL 34689							
TITLE				TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE				TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME				
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CITY-ST-ZIP				CITY-ST-ZIP				
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TITLE				TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:  4/26/02								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								