


FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90042 022 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000043446			
1. Entity Name JAMMIN' KIDS, INC.			
Principal Place of Business 1404 SW 160TH AVE WESTON, FL 33326 US		Mailing Address 1396-S SW 160TH AVE WESTON, FL 33326 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0589117		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAFKA, ROBIN 1404 S.W. 160TH AVE. SUNRISE, FL 33326		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature is required when not a filer)</small>			
FILE NOW! FEE IS \$180.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	BURNS, ROBIN		Burns, Robin
	1396 SW 160TH AVE		1396-S SW 160th Ave.
	WESTON, FL		Weston, FL 33326
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the incorporator 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 empowerments.			
SIGNATURE: <i>Robin Burns</i>		1/26/04 954-389-8599	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



01242004 Chg-P CR2EC04 (10/03)

4. FEI Number 65-0589117 Applied For Not Applicable

5. Certificate of Status Desired [] 58.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature is required when not a filer)

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SIGNATURE: *Robin Burns* 1/26/04 954-389-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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SECRETARY OF STATE
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