

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091408

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: THE KID MOVER, INC.

## Current Principal Place of Business:

6161 BLUE LAGOON DR., SUITE 360  
MIAMI, FL 33126

## New Principal Place of Business:

6161 BLUE LAGOON DRIVE  
SUITE 360  
MIAMI, FL 33126

## Current Mailing Address:

6161 BLUE LAGOON DR., SUITE 360  
MIAMI, FL 33126

## New Mailing Address:

6161 BLUE LAGOON DRIVE  
SUITE 360  
MIAMI, FL 33126

FEI Number: 65-0631531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORTES, FERNANDO JR  
6161 BLUE LAGOON DR., SUITE 360  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

CORTES, FERNANDO JR  
6161 BLUE LAGOON DRIVE  
SUITE 360  
MIAMI, FL 33126 US

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: FERNANDO D. CORTES, JR.

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete  
Name: CORTES, FERANDO JR  
Address: 6161 BLUE LAGOON DR., #360  
City-St-Zip: MIAMI, FL 33126

Title: DPT ( ) Delete  
Name: CORTES, STEPHANIE  
Address: 6161 BLUE LAGOON DR., 360  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE R. CORTES

DPT

01/10/2004

Electronic Signature of Signing Officer or Director

Date