

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091408

FILED
Jan 15, 2005
Secretary of State

Entity Name: THE KID MOVER, INC.

Current Principal Place of Business:

6161 BLUE LAGOON DRIVE
SUITE 360
MIAMI, FL 33126

New Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 33134

Current Mailing Address:

6161 BLUE LAGOON DRIVE
SUITE 360
MIAMI, FL 33126

New Mailing Address:

P.O. BOX 610278
MIAMI, FL 33261

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 DRIVE
SUITE 360
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CORTES, FERNANDO JR
299 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 33134 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 CORTES, JR.

01/15/2005

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: DVPS (X) Change () Addition
Name: CORTES, FERANDO JR
Address: 299 ALHAMBRA CIRCLE, #501
City-St-Zip: CORAL GABLES, FL 33134

Title: DPT (X) Change () Addition
Name: CORTES, STEPHANIE
Address: 299 ALHAMBRA CIRCLE, SUITE 501
City-St-Zip: CORAL GABLES, FL 33134

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 CORTES

DPT

01/15/2005

Electronic Signature of Signing Officer or Director

Date