FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90690 011 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80057340

DOCUMENT # P95000091408

1. Entity Name
THE KID MOVER, INC.

Principal Place of Business	Mailing Address
~~15750 SW 92 AVENUE~~	~~15750 SW 92 AVENUE~~
~~#29~~	~~#29~~
~~MIAMI, FL 33157~~	~~MIAMI, FL 33157~~

2. Principal Place of Business	3. Mailing Address
6161 Blue Lagoon Dr	6161 Blue Lagoon Dr.
Suite, Apt. #, etc. Suite 360	Suite, Apt. #, etc. Suite 360
City & State Miami	City & State Miami
Zip 33126 Country USA	Zip 33126 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0631531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RONDEROS, CAMILO
16401 SW 82ND AVENUE
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name: Fernando Cortes Jr.
Street Address (P.O. Box Number is Not Acceptable): 6161 Blue Lagoon Dr. Suite 360
City: Miami FL Zip Code: 33126

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 _____ 3-12-03
Signature, officer or director of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS RONDEROS, CAMILO 16401 SW 82ND AVENUE MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP/S Fernando Cortes Jr. 6161 Blue Lagoon Dr. # 360 Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RONDEROS, RICARDO 13515 NE 22ND COURT MIAMI, FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T Stephanie Cortes 6161 Blue Lagoon Dr. #360 Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPO, YOLANDA 16401 SW 82ND AVENUE MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Stephanie R Cortes 3-12-03 305/595-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #