

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000059142**

**1. Entity Name**  
**KIS PRODUCTS, INC.**



**Principal Place of Business**  
**2318 SEA ISLAND DRIVE**  
**FORT LAUDERDALE, FL 33301**

**Mailing Address**  
**2318 SEA ISLAND DRIVE**  
**FORT LAUDERDALE, FL 33301**



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0723727**

**App. ed For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**POWELL, JACQUELINE**  
**2318 SEA ISLAND DRIVE**  
**FORT LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_  
Signature of the person named as registered agent and the fee paid (if any) (if the registered agent is a corporation, the signature of the president or other officer authorized to execute this report is required.) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HERTZ, REUBEN</b>
<b>STREET ADDRESS</b>	<b>2318 SEA ISLAND DR.</b>
<b>CITY, ST, ZIP</b>	<b>FT. LAUDERDALE, FL 33301</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY, ST, ZIP</b>	

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04/23/04-80033-007 150.00

**DO NOT WRITE  
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another like empowered.**

**SIGNATURE:** REUBEN HERTZ, PRES 4-21-04 954-764-0270  
SIGNATURE AND STAMP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No