DOCUMENT # P96000100005

1. Entity Name

KISS FOR PROFIT, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90005 001 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9161 E BAY HARBOR DR #8B BAY HARBOR ISLANDS FL 33154 US	P.O. BOX 998393 MIAMI FL 33299

2. Principal Place of Business: 627 N. Fletcher Ave
Suite, Apt. #, etc.: Apt #B
City & State: Amelia Island, FL
Zip: 32034
Country:

3. Mailing Address: PO Box 996244
Suite, Apt. #, etc.:
City & State: Miami FL
Zip: 33299
Country: USA

4. FEI Number 65-0715395 ☐ Applied For ☐ Not Applicable

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

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

SEIF, DAVID T ESQ.
5252 NE 6TH AVE.
SUITE 31B
FT LAUDERDALE FL 33334

7. **Name and Address of New Registered Agent**

Name: Jacobs & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable): 401 Centre St. 2nd Fl
City: Fernandina Bch FL Zip Code 32034

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.

SIGNATURE [signature] 1/5/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GADD, JOHN 9161 E BAY HARBOR DR #8B BAY HARBOR ISLANDS FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GADD, JOHN 627 N. Fletcher Ave. #B Amelia Island, FL 32034	☒ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOHN D. GADD PRESIDENT 05 Jan 01 904-277-2449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #