2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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1. Entity Name

K.I.T. MANAGEMENT, INC.



Principal Place of Business

701 WEST CYPRESS CREEK RD. SUITE 302

FT. LAUDERDALE, FL 33309

Mailing Address

701 WEST CYPRESS CREEK RD. SUITE 302

FT. LAUDERDALE, FL 33309



04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0738204 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KODSI & EISENSTEIN, P.A. 701 W. CYPRESS CREEK RD. SUITE 302

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FORT LAU	DERDALE, FL 33309		IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or r	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE-	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registered	egent signature required when reinstating) DATE		
	E NOWI!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financ Trust Fund Contribution. 	ing 🗆	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D KODSI, ISAAC 701 WEST CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309	CTORS			950,0001443,5 9-280-94-90183-011 - 50,00
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN ⁻	THIS SPACE
THLE NAME STREET ADDRESS CITY-ST-ZIP		-			
TITLE NAME STREET AUDRESS					

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 efforther like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 954-771-67

Daytene Phone #