


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90005 001 ***150.00
09-07-2007 90005 002 *****8.75

DOCUMENT # P97000061954 1. Entity Name HIP HOP KIDZ, INC.					
Principal Place of Business 19451 SHERIDAN STREET #124 PEMBROKE PINES, FL 33332			Mailing Address 19451 SHERIDAN STREET #124 PEMBROKE PINES, FL 33332		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0791292	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDERICK, MICHAEL L. CPA 15600 SW 288 STREET SUITE 305 HOMESTEAD, FL 33033			7. Name and Address of New Registered Agent Name Suzanne Stone Street Address (P.O. Box Number is Not Acceptable) 19451 Sheridan St 124 City Pembroke Pine FL Zip Code 33332		
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 <u><i>Suzanne Stone</i></u> DATE <u><i>Aug 29 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD STONE, SUZANNE 9995-99 SW 72 ST STE E214 MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Suzanne Stone President</i></u> <u><i>Aug 29 2007</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

66021800

July 8th 2007

Florida Department of State
Division of Corporations
P.O.Box 8700
Tallahassee, FL 32314

Hip Hop Kidz, Inc
19451 Sheridan Street #124
Pembroke Pines, FL 33332-1653
EIN# 65-0791292
Doc#P97000061954

Please be advised I never received the original application for my annual report.

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00

Thank you,

*Suzanne, President
Hip Hop Kidz Inc.*

Hip Hop Kidz, Inc
EIN#65-0791292