2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2005 08:00 AM Secretary of State

DOCUMENT # P9700088869 1. Entity Name KIDS ARE IN, INC.				Secretary of State	
Principal Plac 1905 W 351 HIALEAH, FL	TZ HT	Mailing Address 1905 W 35TH ST HIALEAH, FL 33012		(
C	OO NOT WRITE I		CE	01242005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required	
JUAN SAN, ANA 1905 W 35TH ST HIALEAH, FL 33012				DO NOT WRITE IN THIS SPACE	
the obligate SIGNATURE.	tions of registered agent.		nd Agent signature require	tered agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with a	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD SAN JUAN, ANA 1905 W 35 ST HIALEAH, FL 33012	CTORS		U00000226782 02/12/05-80030-008 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Or tile con	certify that the information supplied with this f on this report or supplemental report is true. poration or the receiver or trustee empowere or on an attachmenty with an address, with a	o to execute this report as requi	mption stated in Se ture shall have the red by Chapter 607	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath, that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	