2004 FOR PROFIT CORPORATION ANNUAL REPORT

وليتها وعاورون **DOCUMENT # P97000107021** FILED 1. Entity Name RIZ 4 KIDS, INC. 04 JUL -6 PM 2: 24 Mailing Address Principal Place of Business SECRETARY OF STATE 16245 OKEECHOBEE BLVD 16245 OKEECHOBEE BLVD SSEE. FLORIDA LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 No Chg-P CR2E034 (10/03) 06302004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0817520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RIZZO, FRANK 2506 COUNTRY GOLF DR. IN THIS SPACE WELLINGTON, FL 33414 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE RIZZO, FRANK NAME ×000038950340 STREET ADDRESS 2506 COUNTRY GOLF DR. WELLINGTON, FL 33414 CITY-ST-ZIP 07/03/04--01068--005 **158.75 NAME RIZZO, ANITA 2506 COUNTRY GOLF DR. STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

561 • 190 • 1780 Daysme Phone #

LOXAHATCHEE COUNTRY PRESCHOOL



. Tel: (561) 790-1780 Fax: (561) 795-7529

June 30, 2004

Mr. Sean Toner Florida Dept. of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

The first step toward your child's success.

Dear Mr. Toner,

Enclosed is a printed copy of "2004 For Profit Corporation Annual Report" which I printed from the internet. I did not receive a green card in the mail. I did, however, receive a "Notice of Intent to Dissolve" card. Upon calling the telephone #850-245-6900 I was told of the green card's existence, replacing the original form stated above. Since this is a new system started by Florida in 2004, and because I did not receive a green card, I am asking for consideration. Please accept the enclosed payment of \$150 that was not mailed due to the new system.

Thank you for your consideration.

Sincerely,

Sincere

Frank Rizzo

... it is

President Riz 4 Kids, Inc.

STO SAME OF FOREST SHEET STATES