## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CODDODATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REP	15.00.000000000000000000000000000000000	Secretary of State DIVISION OF CORPORATION			ONS	Secretary of State 05-06-1999 90274 029 ***150.00				
DOCUMENT  1. Corporation Name ENRICHMENT FO	OR KIDS, INC.	0073987								
5643 RODMAN ST HOLLYWOOD FL 33923	IAN ST 5643 RODMAN ST					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/24/1998				
2. Principal Place of Busin	ness	2a. Mailing Add	ress			4. FEI Number 65 - 0857730	Applied For Not Applicable			
Suite, Apt. #, etc.		26   Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip <b>29</b>	30	Country		This corporation owes the current yes     Personal Property Tax.	☐ Yes ☐ No			
9. Name	and Address of Curre	nt Registered Agent	<del></del>	81	Name	10. Name and Address of New Regis	tered Agent			
MONTALVO, MELISSA MARIA 5643 RODMAN ST HOLLYWOOD FL 33023				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
				84	,		FL 85 Zip Code			
office or registered ac	sions of Sections 607.05 lent, or both, in the State ith, and accept the oblig	e of Florida. Such char	ige was authori	ized by	the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing its registered appointment as registered			
SIGNATURE Signature, typed	or printed name of registered ag-	ent and title if applicable.	(NOTE: Regist	tered Age	nt signature require	ed when reinstating) D	ATE			
12.		ND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12			
TITLE D			ELETE 1	.1 TITLE			☐ Change ☐ Additi			

agent. ra	manimal will, and decept the obligations of	, 200				
SIGNATURE		41075	Registered Agent signature requ	Ured when reinstating) DATE		
	Signature, typed or printed name of registered agent and title			ADDITIONS/CHANGES TO OFFICERS AND D	UDECTOR	O IN 12
12.	OFFICERS AND DIRE		13.			
TITLE	D	☐ DELETE	1.1 TITLE	L	) Change	☐ Addition
NAME	MONTALVO, MELISSA MARIA		12 NAME			
STREET ADDRESS	5643 RODMAN ST		1.3 STREET ADORESS			,
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		] Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	<u></u>		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		] Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE		] Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			:
C/TY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		) Change	Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		] Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	,		6.4 CITY-ST-Z/P			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND CHEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 1999 (954) 966-5220

Applied For Not Applicable \$8.75 Additional