

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90032 024 \*\*\*150.00

**DOCUMENT # P99000051976**

1. Entity Name

KIS ENTERPRISES, INC.



Principal Place of Business

7838 GLEN GARY LANE  
DELRAY BEACH FL 33446

Mailing Address

7838 GLEN GARY LANE  
DELRAY BEACH FL 33446

2. Principal Place of Business

7538 GLENDEVON LN

Suite, Apt. #, etc.

3. Mailing Address

7538 GLENDEVON LN

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL.

Zip

33446

Country

USA

Zip

33446

Country

USA

4. FEI Number

65-0924966

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIDOFF, SANDRA L  
7538 GLENDEVON LN  
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KIRSHNER, SEYMOUR  
STREET ADDRESS 7838 GLEN DEVON LANE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VD ☐ Delete  
NAME DAVIDOFF, SANDRA L  
STREET ADDRESS 7538 GLENDEVON LN  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE S ☐ Delete  
NAME KIRSHNER, BETH  
STREET ADDRESS 7538 GLENDEVON LANE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE T ☐ Delete  
NAME DAVIDOFF, STANLEY  
STREET ADDRESS 7538 GLENDEVON LANE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME KIRSHNER, BETH  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Sandra L. Davidoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA L. DAVIDOFF

3/24/04

Date

561-496-4686

Daytime Phone #