2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # \$24529 03-12-2004 90031 036 ***150.00 1. Entity Name KWD, INC. Principal Place of Business Mailing Address 5000 N BAY RD MIAMI BEACH FL 33140 5000 N BAY RD MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FE! Number 65-0235749 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINHARD, SANFORD N. Street Address (P.O. Box Number is Not Acceptable) 2875 NE-191-ST-SUITE 404 N MIAMI BEACH FL 33180 City 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 agant and title 4 applicable. , (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change Addition TITLE TITLE , REINHARD, SANFORD N. NAME 2875 NE 191 ST #404 STREET ADDRESS STREET AIVINESS N MIAMI BEACH FL CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete COOPER, BARRY NAME NAME STREET ADDRESS 247 W 12TH ST #36 STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10014 CITY-ST-ZIP TITLE Delete TOTAL F ☐ Change ☐ Addition NAME ZINN, SUSAN NAME STREET ADDRESS 8920 SW 105 ST STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP MIAMI FL. TITLE ☐ Delete Addition TITLE CHANNING, ELLEN NAME NAME 2748 NW 28 ST STREET ADDRESS STREET ADDRESS CITY-S1-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Change Delete TITLE TITLE Addition JACKOWSKI, STAN JACKOWSKI, STAN NAME NAME 3356 PEARL AVE STREET ADDRESS STREET ADDRESS 15 Bay Drive KEY WEST.FL 33040 CITY-ST-ZIP -CITY-ST-ZIP Defete ☐ Change Addition NAME NAME asi merapa -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ---·ĊITÝ-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:

FILED

Mar 12, 2004 8:00 am