


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S24529 1. Entity Name KWD, INC.	
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Principal Place of Business 5000 N BAY RD MIAMI BEACH, FL 33140	Mailing Address 5000 N BAY RD MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



01302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0235749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REINHARD, SANFORD N. 2875 NE 191 ST SUITE 404 N MIAMI BEACH, FL 33180	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000217381 02/07/05-80047-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHARD, SANFORD N. 2875 NE 191 ST #404 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, BARRY 247 W 12TH ST #36 NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZINN, SUSAN 8920 SW 105 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANNING, ELLEN 2748 NW 28 ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A JACKOWSKI, STAN 15 BAY DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **STAN JACKOWSKI** **1/31/05** **305-284-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #