

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 011 ***150.00

DOCUMENT # S62561

1. Entity Name
STAR KIDS, INC.



Principal Place of Business
**617 EAST SUNRISE BLVD
FT LAUDERDALE, FL 33304 US**

Mailing Address
**617 EAST SUNRISE BLVD
FT LAUDERDALE, FL 33304 US**

94033987



01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0281003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BERNSTEIN, STEVEN
~~900 N FEDERAL HWY~~ **617 EAST SUNRISE BLVD**
~~SUITE 304~~
FT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V**
NAME **BERNSTEIN, ARLENE**
STREET ADDRESS **12170 NW 10TH CT 10122 NW 1ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **P**
NAME **BERNSTEIN, STEVEN**
STREET ADDRESS **12170 NW 10TH CT 10122 NW 1ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS, FL Coral Sp. Fla. 33071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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: **Steven Bernstein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

Date

954-527-1166

Daytime Phone #