


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # V28937 1. Entity Name KISS A KID, INC.		
Principal Place of Business 840 E OAKLAND PARK BLVD SUITE 104 OAKLAND PARK, FL 33334 US	Mailing Address 840 E OAKLAND PARK BLVD SUITE 104 OAKLAND PARK, FL 33334 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KIMMICK, BARBARA 716 NE 23 DR WILTON MANOR, FL 33305		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD KIMMICK, BARBARA 716 NE 23RD DRIVE WILTON MANORS, FL 33305	DO NOT WRITE IN THIS SPACE
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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: <u>Barbara Kimmick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7/6/05</u> <u>954 564-3497</u> <small>Date Daytime Phone #</small>



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0325417

Applied For
Not Applicable

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

U00000372162
07/11/05-80021-007 150.00