

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # V29646

1. Entity Name
PRECIOUS KIDZ INC.



Principal Place of Business
**4113 N DIXIE
POMPANO BCH., FL 33064 US**

Mailing Address
**401 NE 39 ST
POMPANO BEACH, FL 33064**

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0327690** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPPARD, CHARLIE A.
401 NE 39 ST
POMPANO BEACH, FL 33064**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEPPARD, CHARLIE A. 401 NE 39 ST POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHEPPARD, CRAIG 401 N E 39TH STREET POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHEPPARD, CARSTEN 1051 N W 80TH TERR BLDG 4-I MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, COLETTE 1749-36A 80TH AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000168410
07/26/04-80012-016 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/04 (954) 931-5338