2004 FOR PROFIT CORPORATION

FILED Feb 04, 2004 08:00 AM

ANNUAL REPORT			Secretary of State			
DOCUMENT # V31904 1. Entity Name CHASSER KIDS CORPORATION				Secret	ary or State	
Principal Place of Business 12865 WEST DIXIE HIGHWAY 2ND FLOOR NORTH MIAMI, FL 33161 US	Mailing Address 12865 WEST DIXIE HIGHWAY 2ND FLOOR NORTH MIAMI, FL 33161	JS				
DO NOT WRITE	er ed a <u>e. 17 e. 6</u>	CE		lo Chg-P CR2	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent			==		
WOLLAND, FRANK 12865 WEST DIXIE HWY. 2ND FLOOR NORTH MIAMI, FL 33161			DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement to	r the purpose of changing its register	ed office or register	ed agent, or both, in f	the State of Florida. La	m familiar with, and accept	
the obligations of registered agent						
SIGNATURE Signature, typed or printed name of registered agent	and title it applicable. (NOTE, Registers	d Agent signature required	wood incompact)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	.		
10. OFFICERS AND	DIRECTORS	1				
TITLE PD NAME CHASSER, RAY STREET ADDRESS 7630 N.E. 1ST AVE CITY ST-ZIP MIAMI, FL	<u></u>		-	00000033	3982 366-008 150.00	
TITLE STD NAME WOLLAND, FRANK STREET ADDRESS 12865 WEST DIXIE HWY, 2ND F CITY-ST ZIP NORTH MIAMI, FL	FLOOR			02/05/04-880	126-AA8 120.00	
TITLE NAME STREET ADDRESS CITY-SJ-ZIP	<u> </u>			OT WRIT		
TITLE NAME STREET ADDRESS CITY -ST-ZIP			IN TH	IIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
TOLE NAME]				

12. Thereby certify that the information supplied with this liting 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 maine appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like propowered.

STREET ADDRESS CITY-ST-ZIP

> FRANK WOLLAND OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

315-879-8588 Dayona Phone #