


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # V31904	
1. Entity Name CHASSER KIDS CORPORATION	

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 US
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0422195	App'd For Not App'd For
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLLAND, FRANK 12865 WEST DIXIE HWY. 2ND FLOOR NORTH MIAMI, FL 33161
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**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 must be written in ink and legible. If the registered agent is a corporation, the signature must be of an authorized officer or director.

**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CHASSER, RAY 7630 N.E. 1ST AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	STD WOLLAND, FRANK 12865 WEST DIXIE HWY, 2ND FLOOR NORTH MIAMI, FL
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**DO NOT WRITE
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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)(c) 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 a power of attorney.

SIGNATURE:  **RAY CHASSER PD 04-11-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR