

DOCUMENT # P96000100005

1. Entity Name  
KISS FOR PROFIT, INC.

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90005 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
9161 E BAY HARBOR DR #88  
BAY HARBOR ISLANDS FL 33154  
US

Mailing Address  
P.O. BOX 996393  
MIAMI FL 33299

2. Principal Place of Business  
627 N. Fletcher Ave  
Suite, Apt. #, etc.  
Apt #B

3. Mailing Address  
PO Box 996244  
Suite, Apt. #, etc.

City & State  
Amelia Island, FL  
Zip  
32034  
Country

City & State  
Miami FL  
Zip  
33299  
Country  
USA

4. FEI Number 65-0715395  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SEIF, DAVID T ESQ.  
5252 NE 6TH AVE.  
SUITE 31B  
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name Jacobo & Associates, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
401 Centre St. 2nd H  
City Turnaround Bk FL Zip Code 32034

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.

SIGNATURE DATE 1/5/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	GADD, JOHN	9161 E BAY HARBOR DR #88	BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DPST	GADD, JOHN	627 N. Fletcher Ave. #B	Amelia Island, FL 32034	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other (s) empowered.

SIGNATURE: JOHN D. GADD 05 Jan 01 904-277-2449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (10/00)