

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038262

Entity Name: KIDS CORNER, LLC

FILED  
Jan 27, 2006  
Secretary of State

**Current Principal Place of Business:**

3275 NW 84 AVENUE  
MIAMI, FL 33152

**New Principal Place of Business:**

**Current Mailing Address:**

PO. BOX 526865  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 20-0929097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRILLES, JORGE  
7701 S.W. 78 STREET  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CABRERA, JUAN  
Address: 7765 SW 75 AVE  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: CABRERA, VICTORIA  
Address: 7765 SW 75 AVE  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: TRILLES, JORGE  
Address: 7701 SW 78 ST  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: TRILLES, CLAUDIA  
Address: 7701 SW 78 ST  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: CRUZ, VICTOR V  
Address: P.O. BOX 526865  
City-St-Zip: MIAMI, FL 33152

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLAUDIA TRILLES

MGRM

01/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date