2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N42457

Entity Name: KIDCO CHILD CARE INC.

Current Principal Place of Business:

3630 NE 1ST COURT
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3630 NE 1ST COURT
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0257588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LA VILLA, SILVIA
10317 NW 9TH ST CR
#401
MIAMI, FL 33172 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VELAZQUEZ, NILSA M
Address: 9500 E CALUSA CLUB DR
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: SALICHS, SUZANNE
Address: 1380 NE MIAMI GARDENS DR #220
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete
Name: ESTHER, CHISHOLM
Address: 220 NW 47 ST FRONT
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: LOPEZ, ISIDRO DR
Address: 11321 SW 152 COURT
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete
Name: BARRIENTOS, HUGO
Address: 63 NE 40TH STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILSA M. VELAZQUEZ P 04/26/2005

Electronic Signature of Signing Officer or Director — Date