2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42457

FILED Jun 16, 2009 Secretary of State

Entity Name: KIDCO CHILD CARE INC.

Current I	Principal Place of Business:	New Principal Place of Business:
	1ST COURT . 33137 US	
Current I	Mailing Address:	New Mailing Address:
3630 NE MIAMI, FI	1ST COURT . 33137 US	
n accorda	r: 65-0257588 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation d d Address of Current Registered Agent	id not receive the prior notice.
	SILVIA DR 106 AV CR 33172 US	
	e named entity submits this statement for t te of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:	
SIGNATU	IRE:Electronic Signature of Registered	Agent Date
SIGNATU Office f		Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
DFFICEF Title: Jame: Address:	Electronic Signature of Registered RS AND DIRECTORS: P () Delete VELAZQUEZ-MARTINEZ, NILSA MS 12071 SW 126 TR	
DFFICEF itle: dame: ddress: city-St-Zip: itle: dame: ddress:	Electronic Signature of Registered RS AND DIRECTORS: P () Delete VELAZQUEZ-MARTINEZ, NILSA MS 12071 SW 126 TR MIAMI, FL 33186 D () Delete SALICHS, SUZANNE 1380 NE MIAMI GARDENS DR #220	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
DFFICEF Title: Name: Address: Dity-St-Zip: Name: Address: Dity-St-Zip: Title: Name: Address: Address:	Electronic Signature of Registered RS AND DIRECTORS: P () Delete VELAZQUEZ-MARTINEZ, NILSA MS 12071 SW 126 TR MIAMI, FL 33186 D () Delete SALICHS, SUZANNE 1380 NE MIAMI GARDENS DR #220 MIAMI, FL 33179 D () Delete ESTHER, CHISHOLM 220 NW 47 ST FRONT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
	Electronic Signature of Registered RS AND DIRECTORS: P () Delete VELAZQUEZ-MARTINEZ, NILSA MS 12071 SW 126 TR MIAMI, FL 33186 D () Delete SALICHS, SUZANNE 1380 NE MIAMI GARDENS DR #220 MIAMI, FL 33179 D () Delete ESTHER, CHISHOLM 220 NW 47 ST FRONT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 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 exemption stated in Chapter 119, 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 VELAZQUEZ-MARTINEZ PRES 06/16/2009