

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90003 047 \*\*\*150.00

40114209



08222008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P01000040818</b> 1. Entity Name <b>KIDS R US LEARNING CENTER, INC.</b>					
Principal Place of Business <b>9142 STATE RD. 84 DAVIE, FL 33324</b>			Mailing Address <b>9142 STATE RD. 84 DAVIE, FL 33324</b>		
2. Principal Place of Business - No P.O. Box # <b>1614 BLATT BOULEVARD</b>		3. Mailing Address <b>16141 BLATT BOULEVARD</b>			
Suite, Apt. #, etc. <b>APT. 401</b>		Suite, Apt. #, etc. <b>APT. 401</b>			
City & State <b>WESTON, FL</b>		City & State <b>WESTON, FL</b>		4. FEI Number <b>59-3713207</b>	
Zip <b>33326</b>		Country <b>USA</b>		Applied For. <input type="checkbox"/> Not Applicable	
Zip <b>33326</b>		Country <b>USA</b>		5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOSCH, JAIRO 7179 PEMBROKE ROAD PEMBROKE PINES, FL 33023</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MENDEZ, PEDRO <input type="checkbox"/> Delete 16141 BLATT BLVD. APT. 401 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MENDEZ, PEDRO <input type="checkbox"/> Delete 16141 BLATT BLVD. APT. 401 WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE:			<b>Pedro Mendez 08/22/08 954-744-9993</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		