2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# P02000086453

Entity Name: KIDZ KORNER DAY CARE CENTER, INC.

Current Principal Place of Business:

6700 SW 132 AVE
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

6700 SW 132 AVE
MIAMI, FL 33183

New Mailing Address:

FEI Number: 54-2067725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ESTELA
6700 SW 132 AVE
MIAMI, FL 33183 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: GONZALEZ, ESTELA
Address: 6700 SW 132 AVE
City-St-Zip: MIAMI, FL 33183

Title: VT ( ) Delete
Name: GONZALEZ, EMILIO
Address: 6700 SW 132 AVE
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: GONZALEZ, MARLENE
Address: 6700 SW 132 AVE
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: CUENCA, CHRISTINA
Address: 13471 SW 68 ST
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: GONZALEZ, ESTELA
Address: 6700 SW 132 AVE
City-St-Zip: MIAMI, FL 33183

Title: VTD (X) Change ( ) Addition
Name: GONZALEZ, EMILIO
Address: 6700 SW 132 AVE
City-St-Zip: MIAMI, FL 33183

Title: D (X) Change ( ) Addition
Name: HERNANDEZ, MARLENE
Address: 6700 SW 132 AVE
City-St-Zip: MIAMI, FL 33183

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

SIGNATURE: ESTELA GONZALEZ PSD 07/09/2007

Electronic Signature of Signing Officer or Director Date