2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086453

City-St-Zip:

MIAMI, FL 33183

Entity Name: KIDZ KORNER DAY CARE CENTER, INC.

FILED Jan 21, 2009 Secretary of State

Owner the Drive in all Diseases Flucius			New Principal Place of Business:		
Current Principal Place of Business:			New Principal Place	or Business:	
6700 SW 7 MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
6700 SW ⁷ MIAMI, FL					
FEI Number	: 54-2067725	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GONZALE 6700 SW 1 MIAMI, FL					
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSD (GONZALEZ, E 6700 SW 132 MIAMI, FL 331	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (GONZALEZ, E 6700 SW 132 MIAMI, FL 331	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HERNANDEZ, 6700 SW 132 MIAMI, FL 331	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (CUENCA, CHR 13471 SW 68		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ESTELA GONZALEZ **PSD** 01/21/2009