

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000045425		
1. Entity Name HI-TECH KIDZ KOLLEGE, INC.		
Principal Place of Business 560 E MCNAB RD POMPANO BEACH, FL 33060	Mailing Address 560 E MCNAB RD POMPANO BEACH, FL 33060	



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3815042	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VILLASANA, CHRISTINA
560 E MCNAB RD
POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLASANA, CHRISTINA 1100 ADAMS STREET HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAKTMAN, GERALD 1643 BRICKELL AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADER, CAROL 650 PARK AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKER, MARC 650 PARK AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIARDIELLO, MADELINE 18151 NE 31 COURT, #2016 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christina Villasana

2/28/08

954
782-1234