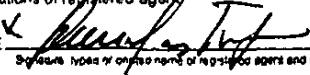
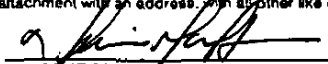


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90315 022 ***150.00

DOCUMENT # P93000055411			
1. Entity Name KIDS-R-IFIC DAY CARE CORP.			
Principal Place of Business 240 W. 62 ST. HIALEAH, FL 33012		Mailing Address 9401 SW 66 ST MIAMI, FL 33173 US	
2. Principal Place of Business 12807-09 SW. Suite, Apt. #, etc. 280 ST.		3. Mailing Address 21017 SW. 127 AVE RD. Suite, Apt. #, etc.	
City & State NARANTA - FL.		City & State MIAMI - FL.	
Zip 33032	Country USA	Zip 33177	Country USA
4. FEI Number 65-0444773		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Chg-P CRZE034 (10/03)	
8. Name and Address of Current Registered Agent AGUIAR, MERIDA 9401 SW 66 ST MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Luis Mastrapa Street Address (P.O. Box Number is Not Acceptable) 21017 SW. 127 AVE RD. City MIAMI FL 33177	
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 Luis Mastrapa - President 4/14/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS AGUIAR, MERIDA 240 W. 62 ST. HIALEAH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD. LUIS Mastrapa 21017 SW. 127 AVE RD. MIAMI - FL. 33177 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORO, GUILLERMINA 9401 SW 66 ST MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRET. GUILLERMINA TORO 9401 SW. 66 ST. MIAMI - FL. 33173 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 Luis Mastrapa 4/14/05 305 257 4901	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone	