

**-2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90017 001 ***150.00

DOCUMENT # F11255

1. Entity Name
THE CHILDREN'S EXCHANGE, INC.



Principal Place of Business
**1415 SUNSET RD
CORAL GABLES, FL 33146**

Mailing Address
**1415 SUNSET RD
CORAL GABLES, FL 33146**

40007401

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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2075061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUMENIK, DELMA
9022 SW 112 CT
MIAMI, FL 33176**

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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 *Delma Rumenuk 1/14/06*
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUMENIK, DELMA
STREET ADDRESS	9022 SW 112 CT.
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	V
NAME	SKOLA, CATHY
STREET ADDRESS	4933 SW 71 PL
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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 #