


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90115 038 ****55.00

DOCUMENT# L03000014069

1. Entity Name
LITTLE KID'S ACADEMY LLC



Principal Place of Business 7780 NW 25ST. SUITE #25 MIAMI FL 33122	Mailing Address 7780 NW 25ST. SUITE #25 MIAMI FL 33122
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2. Principal Place of Business 7780 NW 25 St.	3. Mailing Address Same
Suite, Apt. #, etc. Suite #25	Suite, Apt. #, etc.
City & State Miami FL 33122	City & State
Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

MIRANDA, MARITTA
10101 W. OKEECHOBEE RD.
SUITE #6202
HIALEAH GARDEN FL 33016

7. Name and Address of New Registered Agent

Name
7780-N-W 25-St.

Street Address (P.O. Box Number is Not Acceptable)
Suite #25

City
MIAMI

FL Zip Code
33122

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 **MARITTA MIRANDA** (NOTE: Registered Agent signature required when reinstating)

DATE **2-8-04**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME MIRANDA, MARITTA	
STREET ADDRESS 10101 W. OKEECHOBEE RD. SUITE #6202	
CITY-ST-ZIP HIALEAH GARDEN FL 33016	
TITLE MGR	<input type="checkbox"/> Delete
NAME MIRANDA, MARIA	
STREET ADDRESS 7780 NW 25ST.	
CITY-ST-ZIP MIAMI FL 33122	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIRANDA, MARITTA	
STREET ADDRESS 7780 NW 25 St. Suite #25	
CITY-ST-ZIP MIAMI FL 33122	
TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIRANDA, MARIA	
STREET ADDRESS 7780 NW 25 St. Suite #25	
CITY-ST-ZIP MIAMI FL 33122	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MARITTA MIRANDA, President** (Signature) **2-8-04** **305-333-4430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #