


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L03000014069  
 1. Entity Name  
 LITTLE KID'S ACADEMY LLC



Principal Place of Business 7780 NW 25ST. SUITE #25 DORAL, FL 33122	Mailing Address 7780 NW 25ST. SUITE #25 DORAL, FL 33122
--	--



01082008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1678530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MIRANDA, MARITTA  
 7780 NW 25ST.  
 SUITE #25  
 DORAL, FL 33122

**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: *Maritta Miranda* DATE: 01/08/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRANDA, MARITTA 7780 NW 25ST., STE #25 DORAL, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRANDA, MARIA 7780 NW 25ST., STE #25 DORAL, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000780505  
 01/14/08-80025-006 138.75

**DO NOT WRITE IN THIS SPACE**

11. 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 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: *MARIA MIRANDA* DATE: 1/8/08 DAYTIME PHONE #: 305-591-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE