

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038262

FILED
Jul 13, 2004
Secretary of State

Entity Name: KIDS CORNER, LLC

Current Principal Place of Business:

PO. BOX 526865
MIAMI, FL 33152

New Principal Place of Business:

Current Mailing Address:

PO. BOX 526865
MIAMI, FL 33152

New Mailing Address:

FEI Number: 20-0929097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRILLES, JORGE
7701 S.W. 78 STREET
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CABRERA, JUAN
Address: 7765 SW 75 AVE
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: CABRERA, VICTORIA
Address: 7765 SW 75 AVE
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: TRILLES, JORGE
Address: 7701 SW 78 ST
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: TRILLES, CLAUDIA
Address: 7701 SW 78 ST
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: CRUZ, VICTOR V
Address: P.O. BOX 526865
City-St-Zip: MIAMI, FL 33152

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLAUDIA TRILLES

MGRM

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date