2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L03000038262

Entity Name: KIDS CORNER, LLC

Current Principal Place of Business:

PO. BOX 526865
MIAMI, FL 33152

New Principal Place of Business:

3275 NW 84 AVENUE
MIAMI, FL 33152

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 04/18/2005

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