## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000038262

Entity Name: KIDS CORNER, LLC

Address:

City-St-Zip:

SOUTHWEST RANCHES, FL 33331

FILED Jan 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3275 NW 84 AVENUE MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** 3275 NW 84 AVENUE MIAMI, FL 33122 FEI Number: 20-0929097 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRILLES, JORGE 7701 S.W. 78 STREET MIAMI, FL 33143 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/MANAGERS: ADDITIONS/CHANGES: ( ) Delete MGRM Title: () Change () Addition CABRERA, JUAN Name: Name: Address: 7765 SW 75 AVE Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CABRERA, VICTORIA Name: Address: 7765 SW 75 AVE Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TRILLES, JORGE Name: Name: Address: 7701 SW 78 ST Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: TRILLES, CLAUDIA Name: Address: 7701 SW 78 ST Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CRUZ, VICTOR V Name: Name: 15103 TATENSHALL TRAIL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: CLAUDIA TRILLES/DIRECTOR **MGRM** 01/17/2009