

2004 FOR PROFIT CORPORATION ANNUAL REPORT (2R)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90093 011 ***150.00

DOCUMENT # M63245

1. Entity Name

CHRIST-MAR KINDERGARTEN INC.



Principal Place of Business

C/O CRISTINA ARAUJO
6931 W. 14 COURT
HIALEAH FL 33014-4517

Mailing Address

C/O CRISTINA ARAUJO
6931 W. 14 COURT
HIALEAH FL 33014-4517

2. Principal Place of Business

Christ-Mar Kindergarten INC.

Suite, Apt. #, etc.

6931 West 14ct

City & State

Hialeah, FL

Zip

33014

Country

Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

4. FEI Number

65-0015088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARAUJO, CRISTINA
6931 W. 14TH COURT
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ARAUJO, CRISTINA
STREET ADDRESS 4463 NW 179 TERR
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete
NAME VALDES, MERIDA
STREET ADDRESS 17471 SW 12 ST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE M ☐ Delete
NAME VALDES, ENRIQUE
STREET ADDRESS 7116 W 14 CT
CITY-ST-ZIP HIALEAH FL 33014

TITLE T ☐ Delete
NAME ARAUJO, JOSBEL
STREET ADDRESS 17383 SW 19 ST
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cristina Araujo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2004

Date

Daytime Phone #