

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M63245

1. Entity Name
CHRIST-MAR KINDERGARTEN INC.



Principal Place of Business

**C/O CHRIST-MAR KINDERGARTEN INC
6931 W. 14 COURT
HIALEAH, FL 33014-4517**

Mailing Address

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



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

UN0000295047
04/09/05-80012-008 150.00

10. OFFICERS AND DIRECTORS

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

TITLE **SD**
NAME **VALDES, NERIDA**
STREET ADDRESS **17471 SW 12 ST**
CITY-ST-ZIP **PEMBROKE PINES, FL**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

3-21-05

Date

305-823-4515
Daytime Phone #