

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**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**



02292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0015088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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, 2008 Fee will be \$550.00**

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

U000000852573  
03/26/08-80034-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAUJO, CRISTINA 4463 NW 179 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDES, NERIDA 17471 SW 12 ST PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VALDES, ENRIQUE 7116 W.14 CT HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARAUJO, JOSBEL 17383 SW 19 ST 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 exemptions contained in Chapter 119, 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

**2-29-08**

Date

Daytime Phone #