

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004824

FILED
Mar 08, 2007
Secretary of State

Entity Name: KIDS LEARNING CENTER OF MIAMI DADE, INC.

Current Principal Place of Business:

14726 SW 56TH ST.
MIAMI, FL 33185

New Principal Place of Business:

9010 SW 157 AVENUE.
MIAMI, FL 33196

Current Mailing Address:

14726 SW 56TH ST.
MIAMI, FL 33185

New Mailing Address:

9010 SW 157 AVENUE
MIAMI, FL 33196

FEI Number: 65-1119625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEREZ, ILIANA
Address: 14726 SW 56TH ST.
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: GARCIA, ANTONIO
Address: 14726 SW 56TH ST.
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: RODRIGUEZ, DAMARIS
Address: 14726 SW 56TH ST.
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PEREZ, ILIANA
Address: 9010 SW 157 AVENUE
City-St-Zip: MIAMI, FL 33196

Title: D (X) Change () Addition
Name: GARCIA, ANTONIO
Address: 9010 SW 157 AVENUE
City-St-Zip: MIAMI, FL 33196

Title: D (X) Change () Addition
Name: RODRIGUEZ, DAMARIS
Address: 9010 SW 157 AVENUE
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILIANA PEREZ

D

03/08/2007

Electronic Signature of Signing Officer or Director

Date