


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90030 036 ****61.25

DOCUMENT # N01000006047					
1. Entity Name SHARING FOR KIDS, INC.					
Principal Place of Business 3928 ADRA AVE DORAL, FL 33178			Mailing Address 3928 ADRA AVE DORAL, FL 33178		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1136846	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUCCO, VICTORIA 3928 ADRA AVE DORAL, FL 33178			7. Name and Address of New Registered Agent Name: <u>Trucco, Victoria</u> Street Address (P.O. Box Number is Not Acceptable): <u>3928 Adra Avenue</u> City: <u>Doral</u> FL <u>33178</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME TRUCCO, VICTORIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3928 ADRA AVE	CITY-ST-ZIP DORAL, FL 33178		NAME Roman, Ariel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13720 SW 90 AVE 3	CITY-ST-ZIP MIAMI, FL 33176		STREET ADDRESS 960 N.E. 85 Street	CITY-ST-ZIP Miami, FL 33138	
TITLE VD	NAME PARDEY, ROSARIO	<input checked="" type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 9951 SW 154 AVE	CITY-ST-ZIP MIAMI, FL 33196		STREET ADDRESS 2021 S.W. 3rd Avenue #10-07	CITY-ST-ZIP Miami, FL 33129	
TITLE T	NAME DEL RIO, CLAUDIA	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10710 NW 66 ST APT 101	CITY-ST-ZIP MIAMI, FL 33178		STREET ADDRESS 6468 N.W. 109 avenue	CITY-ST-ZIP Doral, FL 33178	
TITLE S	NAME OLIER, ROSMERY	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12461 SW 125 CT	CITY-ST-ZIP MIAMI, FL 33186		STREET ADDRESS 8927 S.W. 108 circle Court	CITY-ST-ZIP Miami, FL 33176	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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 617, 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: <u>M. Victoria Trucco</u>			M. Victoria Trucco April 6, 2007 305-5254671		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		