

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90010 036 ****61.25

DOCUMENT # N01000006681

1. Entity Name
SONJI'S KIDI CARE INC.



Principal Place of Business
**827 SOUTH SPRING GARDEN AVENUE
DELAND, FL 32720 US**

Mailing Address
**827 SOUTH SPRING GARDEN AVENUE
DELAND, FL 32720 US**



03102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0235453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUTEN, SONJI
1231 W EUCLID AVE
DELAND, FL 32720**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRUTEN, SONJI
STREET ADDRESS	1231 W EUCLID AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	DT
NAME	SOLOMON, RUBY
STREET ADDRESS	821 W BERESFORD AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	DV
NAME	BRUTEN, STEPHEN
STREET ADDRESS	1231 W EUCLID AVE
CITY-ST-ZIP	DELAND, FL 32720
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-08