

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90027 041 \*\*\*\*70.00

<b>DOCUMENT # N06000006928</b>					
<b>1. Entity Name</b> S.M.A.R.T. KIDS COMMUNITY DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 1381 NORTH PALM AVE. PEMBROKE PINES, FL 33026			<b>Mailing Address</b> 1381 NORTH PALM AVE. PEMBROKE PINES, FL 33026		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-5116985	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SILVERA, FAYE REV 1381 NORTH PALM AVE PEMBROKE PINES, FL 33026			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     1381 N Palm Avenue                      Pembroke Pines FL 33026                 </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SILVERA, FAYE 3335 SW 181 TERRACE MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SILVERA, FAYE M. 1381 N Palm Avenue Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> GRANDFIELD, SHERRY 7000 NW 186 STREET #122 HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>Grandfield, Sherry</del> <del>1381 N Palm Avenue</del> <del>Pembroke Pines, FL 33026</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> MARLIN, MAY 10090 NW 90TH COURT, BLDG 1240 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> MARTIN, MAYRA 1381 N Palm Avenue Pembroke Pines, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> THOMPSON, KITTY 1381 N Palm Avenue Pembroke Pines, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>			<b>FAYE M. SILVERA</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/10/08</b> (954) 443-3026		
Date			Daytime Phone #		