

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006928

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: S.M.A.R.T. KIDS COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

1381 NORTH PALM AVE.  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1381 NORTH PALM AVE.  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 20-5116985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SILVERA, FAYE REV  
1381 NORTH PALM AVE  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

SILVERA, FAYE DR  
1381 NORTH PALM AVE  
PEMBROKE PINES, FL 33026 US

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: FAYE SILVERA

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SILVERA, FAYE M  
Address: 1381 N PALM AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ST ( ) Delete  
Name: MARTIN, MAYRA  
Address: 1381 N PALM AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: THOMPSON, KITTY  
Address: 1381 N PALM AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: HUG-UP/BAIR, STACEY  
Address: 1381 N PALM AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Change (X) Addition  
Name: KEITH, JOHNSTON  
Address: 1381 N PALM AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify 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: FAYE SILVERA

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date