

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008565

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** KIDDIE'S INTERNATIONAL LEARNING & CARE CENTER, INC.

**Current Principal Place of Business:**

17445 HOMESTEAD AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

869 NW 27 AVENUE  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

P.O. BOX 540346  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 20-5594431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WORTHY, KIMBERLY R  
12280 SW 191 STREET  
MIAMI, FL 33177 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: DP  
Name: JONES, NORMA  
Address: P.O. BOX 540346  
City-St-Zip: OPA LOCKA, FL 33054

Title: S  
Name: TOBLER, MELVINA  
Address: P.O. BOX 540346  
City-St-Zip: OPA LOCKA, FL 33054

Title: M  
Name: WILLIAMS, STEPHANIE  
Address: P.O. BOX 540346  
City-St-Zip: OPA LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: NORMA JONES

P/O

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date