

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011961

FILED
Aug 12, 2007
Secretary of State

Entity Name: A PERFECT PLACE 4 KIDZ, INC.

Current Principal Place of Business:

4613 SW 185 AVE
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

4613 SW 185 AVE
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 20-5881344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STUBBS, ZENNARENE
18564 SW 55TH ST
MIRAMAR, FL 33029 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, JUAN
Address: 4613 SW 185 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: VD () Delete
Name: STUBBS, ZENNARENE
Address: 18564 SW 55 ST
City-St-Zip: MIRAMAR, FL 33029

Title: TD () Delete
Name: STUBBS, ETHAN
Address: 10200 NW 22 AVE
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: MCINTOSH, MARGAL
Address: 10200 NW 22 AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: MOSS, TRPHENA
Address: 10200 NW 22 AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: HEARD, CHARLENE
Address: 10200 NW 22 AVE
City-St-Zip: MIAMI, FL 33147

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

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

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

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: CHARLENE HEARD

D

08/12/2007

Electronic Signature of Signing Officer or Director

Date