

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# N07000001224

Entity Name: KIDZ CHOICE CHARTER SCHOOL, INC.

Current Principal Place of Business:

9091 TAFT ST
PEMBROKE PINES, FL 33024

New Principal Place of Business:

9063 TAFT ST
PEMBROKE PINES, FL 33024

Current Mailing Address:

9091 TAFT ST
PEMBROKE PINES, FL 33024

New Mailing Address:

9063 TAFT ST
PEMBROKE PINES, FL 33024

FEI Number: 23-8310887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRADER, MICHAEL G
4300 N UNIVERSITY DR
SUITE C 201
SUNRISE, FL 33351 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: T () Delete
Name: GONZALEZ, ELVIRA
Address: 9091 TAFT ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: LOPEZ, BARBARA
Address: 9091 TAFT ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: LOPEZ, JORGE
Address: 9091 TAFT ST
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GONZALEZ, ELVIRA
Address: 9063 TAFT ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change () Addition
Name: CAICOYA, MARIANGEL
Address: 9063 TAFT ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Change () Addition
Name: LOPEZ, JORGE
Address: 9063 TAFT ST
City-St-Zip: PEMBROKE PINES, FL 33024

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: ELVIRA GONZALEZ

C

02/28/2008

Electronic Signature of Signing Officer or Director

Date