

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90130 003 \*\*\*\*61.25

**DOCUMENT # N07000010074**

1. Entity Name  
**KIDZ EMPOWERMENT SERVICES, INC.**



Principal Place of Business  
**10440 NW 29TH COURT MIAMI, FL 33147**

Mailing Address  
**10440 NW 29TH COURT MIAMI, FL 33147**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
**13350 NW LeJeune Rd. #12**

3. Mailing Address  
 Suite, Apt. #, etc.  
**13350 NW LeJeune Rd #12**

City & State  
**Opalocka, Fl.**

City & State  
**Opalocka, Fl.**

Zip  
**33054**

Country  
**USA**

Zip  
**33054**

Country  
**USA**

03172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**EGUIGURE, GRICELDA  
 10440 NW 29TH COURT  
 MIAMI, FL 33147**

4. FEI Number  
**26-1310108**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE  DATE **4/14/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	EGUIGURE, GRICELDA	
STREET ADDRESS	10440 NW 29TH COURT	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARAVIA, MARJORY	
STREET ADDRESS	10440 NW 29TH COURT	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINGAS, DAVID	
STREET ADDRESS	10440 NW 29TH COURT	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYA, SAMUE	
STREET ADDRESS	10440 NW 29TH COURT	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMES, MICHELLE	
STREET ADDRESS	10440 NW 29TH COURT	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  DATE **4/14/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR