

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N07000010074</b> 1. Entity Name <b>KIDZ EMPOWERMENT SERVICES, INC.</b>			
Principal Place of Business <b>10440 NW 29TH COURT MIAMI, FL 33147</b>		Mailing Address <b>10440 NW 29TH COURT MIAMI, FL 33147</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>13350 NW LeJeune Rd. #12</b> City & State <b>Opalocka, Fl.</b> Zip <b>33054</b>		3. Mailing Address Suite, Apt. #, etc. <b>13350 NW LeJeune Rd #12</b> City & State <b>Opalocka, Fl.</b> Zip <b>33054</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>26-1310108</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03172008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>EGUIGURE, GRICELDA 10440 NW 29TH COURT MIAMI, FL 33147</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/14/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>EGUIGURE, GRICELDA 10440 NW 29TH COURT MIAMI, FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SARAVIA, MARJORY 10440 NW 29TH COURT MIAMI, FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BRINGAS, DAVID 10440 NW 29TH COURT MIAMI, FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MOYA, SAMUE 10440 NW 29TH COURT MIAMI, FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HOLMES, MICHELLE 10440 NW 29TH COURT MIAMI, FL 33147</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>		Date <b>4/14/08</b> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			