

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N07000010074

Entity Name: KIDZ EMPOWERMENT SERVICES, INC.

**Current Principal Place of Business:**

13350 NW LEJEUNE ROAD  
SUITE 12  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

13350 NW LEJEUNE ROAD  
SUITE 12  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

10440 NW 29 CT  
MIAMI, FL 33147

FEI Number: 26-1310108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EGUIGURE, GRICELDA  
10440 NW 29TH COURT  
MIAMI, FL 33147 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: D ( ) Delete  
Name: EGUIGURE, GRICELDA  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: SARAVIA, MARJORY  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: BRINGAS, DAVID  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: MOYA, SAMUE  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: HOLMES, MICHELLE  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: DE FLORAN, IVANONNA  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

Title: D (X) Change ( ) Addition  
Name: COLLADO, DORALIZA  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

Title: D (X) Change ( ) Addition  
Name: MOYA, SAMUEL  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

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: GRICELDA EGUIGURE

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date