

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 21, 2011  
Secretary of State

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:**

10440 NW 29 CT  
MIAMI, FL 33147 US

**Current Mailing Address:**

10440 NW 29 CT  
MIAMI, FL 33147

**New Mailing Address:**

10440 NW 29 CT  
MIAMI, FL 33147 US

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

Title: D  
Name: MOYA, JOEL  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

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

Title: D  
Name: MOYA, CLARYS  
Address: 10440 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

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

I hereby 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 all other like empowered.

SIGNATURE: GRICELDA EGUIGURE

D

04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date