2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N08000009950

Entity Name: KIDZ CHOICE CHARTER PTO INC.

Current Principal Place of Business:

9063 TAFT STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9063 TAFT STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 26-3382327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONZALEZ, ELVIRA M
1423 NORTH STATE ROAD 7 (441)
HOLLYWOOD, FL 33021 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:	GONZALEZ, ELVIRA M	
Address:	1423 NORTH STATE ROAD 7 (441)	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D,P	( ) Delete
Name:	BUSTAMANTE, MELISSA	
Address:	9063 TAFT STREET	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	D,VP	( ) Delete
Name:	KOVACS, JERFESS	
Address:	9063 TAFT STREET	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	D,T	( ) Delete
Name:	FERNANDEZ, TRACY	
Address:	9063 TAFT STREET	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	D, S	( ) Delete
Name:	PEREZ, TIFFANY	
Address:	9063 TAFT STREET	
City-St-Zip:	PEMBROKE PINES, FL 33024	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MELISSA BUSTAMANTE DP 03/28/2009

Electronic Signature of Signing Officer or Director — Date