

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004400

FILED
Feb 03, 2005
Secretary of State

Entity Name: KIDS LEARNING CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

14726-28 SW 56TH STREET
MIAMI, FL 33165

New Principal Place of Business:

11366 QUAIL ROOST DRIVE
MIAMI, FL 33157

Current Mailing Address:

14726-28 SW 56TH STREET
MIAMI, FL 33165

New Mailing Address:

11366 QUAIL ROOST DR.
MIAMI, FL 33157

FEI Number: 65-0854434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2588 SW 27 AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD. SUITE 1050
CORAL GABLES, FL 33134 US

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: ANTONIO GARCIA

02/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ANIDO, YOLANDA
Address: 14726 28 SW 56 ST
City-St-Zip: MIAMI, FL 33185

Title: T (X) Delete
Name: PEREZ, HUMBERTO
Address: 14726 28 SW 56 ST
City-St-Zip: MIAMI, FL 33185

Title: T () Delete
Name: GARCIA, ANTONIO
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: LANG, VIVIAN
Address: 14726 28 SW 56 ST
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ANIDO, YOLANDA
Address: 11366 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

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

Title: T (X) Change () Addition
Name: GARCIA, ANTONIO
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change () Addition
Name: LANG, VIVIAN
Address: 11366 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YOLANDA ANIDO

T

02/03/2005

Electronic Signature of Signing Officer or Director

Date