

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004400

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

11366 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11366 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0854434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KUDWOLI, DAVID
Address: 97 JAMAICA ST
City-St-Zip: LAWRENCE, MA 01843

Title: T () Delete
Name: CASTILLO, RUBEN
Address: 15275 SW 56TH TERR
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: CASTILLO, ELAINE
Address: 7704 SW 193RD ST
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: CHANG, ALFRED
Address: 10930 SW 26 ST
City-St-Zip: MIAMI, FL 33165

Title: T () Delete
Name: CASAYA, EDGAR
Address: 11366 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

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: ELAINE CASTILLO

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date