

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000059

FILED
Feb 05, 2009
Secretary of State

Entity Name: KIDS 2 KIDS, INC.

Current Principal Place of Business:

17055 SW 192 STREET
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

17055 SW 192 STREET
MIAMI, FL 33187

New Mailing Address:

FEI Number: 65-0888470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINCHESTER, CHERYL
17055 SW 192 STREET
MIAMI, FL 33187 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: WINCHESTER, LAURA
Address: 17055 SW 192 STREET
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: PRONGAY, DENISE
Address: 8831 SW 149 STREET
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: GUSMAN, ZACHARY
Address: 12585 SW 69 AVE
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: WINCHESTER, CHERYL
Address: 17055 SW 192 STREET
City-St-Zip: MIAMI, FL 33187

Title: S () Delete
Name: HALEY, ROSEMARY
Address: 8861 SW 149 STREET
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: MICHELLE, MAGGIORE
Address: 15201 SW 84TH AVE.
City-St-Zip: PALMETTO BAY, 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:

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: DENISE PRONGAY

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date