


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000014469**

1. Entity Name  
LITTLE KINGDOM CHILD CARE CENTER, INC.



Principal Place of Business      Mailing Address

700 NW 10 AVE                      700 NW 10 AVE  
HOMESTEAD, FL 33030              HOMESTEAD, FL 33030

**DO NOT WRITE IN THIS SPACE**



02012004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
65-0976439      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JULIO C  
9530 SW 25 DR.  
MIAMI, FL 33165

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

1100000121684

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERNANDEZ, JULIO C
STREET ADDRESS	9530 SW 25 DRIVE
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	VP
NAME	HERNANDEA, MARIA E
STREET ADDRESS	9530 SW 25 D
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

04/20/04-80063-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Date:** 4/14/04 **Daytime Phone #:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR