

**FILED**

**May 03, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P0000014469</b>	
1. Entity Name <b>LITTLE KINGDOM CHILD CARE CENTER, INC.</b>	

Principal Place of Business <b>700 NW 10 AVE HOMESTEAD, FL 33030</b>	Mailing Address <b>700 NW 10 AVE HOMESTEAD, FL 33030</b>
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01292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0876439</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HERNANDEZ, JULIO C 9530 SW 25 DR. MIAMI, FL 33165</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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 title if applicable. NOTE: Registered Agent signature required when releasing.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10 OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, JULIO C 9530 SW 25 DRIVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, MARIA E 9530 SW 25 D MIAMI, FL 33165
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05/05/05-80006-011 150.00

**DO NOT WRITE 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)(f), 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 an address, with all other like empowered.

**SIGNATURE:** *Julio C. Hernandez* **Julio C. HERNANDEZ** *4/29/2005* **(305) 245 8522**

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #