2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000014469

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



FILED Jan 17, 2008 08:00 AM Secretary of State

Principal Place of Business

700 NW 10 AVE HOMESTEAD, FL 33030 Mailing Address

700 NW 10 AVE HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0976439

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JULIO C 16931 SW 213 LANE MIAMI, FL 33187

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	named entity submits this statement for the plons of registered agent.	ourpose of changing its regis	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Regi	istered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		BCKKKS1	MANUFACTURE AND
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	P HERNANDEZ, JULIO C 16931 SW 213 LANE MIAMI, FL 33187 VP HERNANDEA, MARIA E 16931 SW 213 LANE MIAMI, FL 33187				U00000787561 01/18/08-80004-023 150: 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOTWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Julio C. Hernandez

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305245-8522