

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 018 ***150.00

DOCUMENT # P00000029304

1. Entity Name
WIZ KIDS LEARNING CENTER CORP.



Principal Place of Business
**6883 WEST 4TH AVENUE
HIALEAH, FL 33012**

Mailing Address
**256 NW 42 AVE
MIAMI, FL 33126**

40096100



2. Principal Place of Business

3. Mailing Address

9588 NW 41 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06152006

Chg-P

CR2E034 (11/05)

City & State

City & State

Miami FL

4. FEI Number

59-2060224

Applied For

Not Applicable

Zip

Country

Zip

33178

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ROSA
6883 WEST 4TH AVENUE
HIALEAH, FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARCIA, ROSA
STREET ADDRESS 6883 WEST 4TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-14-06



ATTACHMENT
ATTACHMENT
Wiz Kids Learning Center 40096783

To whom It May concern,
this letter is regarding
the letter I received
in which an application
was returned and also
the check of \$150⁰⁰. It
said you were not able
to process it to send it
all new + a new check
right away to avoid being
charge \$400⁰⁰, so I'm doing
so and also mailing it certified
and 24 hr delivery.

Thank you for
your help
Truly Yours
Rosa Garcia

Document

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