

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029304

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** WIZ KIDS LEARNING CENTER CORP.

**Current Principal Place of Business:**

6883 WEST 4TH AVENUE  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6883 W 4 AVE  
HIALEAH, FL 33014

**New Mailing Address:**

6883 WEST 4TH AVENUE  
HIALEAH, FL 33014

**FEI Number:** 59-2060224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, ROSA  
6883 WEST 4TH AVENUE  
HIALEAH, FL 33014 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARCIA, ROSA  
Address: 6883 WEST 4TH AVENUE  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DIRECTOR/ROSA GARCIA

OWNE

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date