

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100825

FILED
Apr 28, 2004
Secretary of State

Entity Name: KIDS LEARNING CENTER OF SOUTH DADE INC.

Current Principal Place of Business:

11500 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11500 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1060105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANIDO, YOLANDA
14831 SW 150TH AVENUE
MIAMI, FL 33196

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2588 SW 27 AVE
MIAMI, FL 33133 US

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: ANTONIO GARCIA

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANIDO, YOLANDA
Address: 6005 MAYNADA STREET
City-St-Zip: MIAMI, FL 33146

Title: D () Delete
Name: BENITEZ, ORLANDO
Address: 1866 NW 20TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YOLANDA ANIDO

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date