

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90122 033 ***150.00

DOCUMENT # P01000054188

1. Entity Name
US KIDDIE-RIDE, INC.



Principal Place of Business
~~15225 SOUTHWEST 48TH TERRACE #G~~
MIAMI, FL 33185

Mailing Address
~~15225 SOUTHWEST 48TH TERRACE #G~~
MIAMI, FL 33185

40092542



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1035 SW 119 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008

Chg-P

CR2E034 (12/06)

City & State

City & State
MIAMI FL

4. FEI Number
65-1108728

Applied For
Not Applicable

Zip

Country

Zip

Country

33184

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~GARCIA-BAHAMONDE, JESUS~~
~~16225 SOUTHWEST 48TH TERRACE #G~~
~~MIAMI, FL 33185~~

7. Name and Address of New Registered Agent

Name
ISABEL ORDAZ
Street Address (P.O. Box Number is Not Acceptable)
2810 SW 43 Dr 1178

City
MIAMI

FL

Zip Code
33175

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
GARCIA, JESUS ☒ Delete
15225 SOUTHWEST 48TH TERRACE #G
MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
TAHIRIS VALLE ☐ Change ☒ Addition
1035 SW 119 CT
MIAMI FL 33184

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAHIRIS VALLE PRESIDENT

Date

Daytime Phone #