

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90126 001 \*\*\*\*\*8.75  
05-09-2007 90126 002 \*\*\*150.00

**DOCUMENT # P01000101044**

1. Entity Name  
**KID'S PALACE DAY CARE & LEARNING CENTER, INC.**



Principal Place of Business  
**6020 W 14 CT  
HIALEAH, FL 33012**

Mailing Address  
**6020 W 14 CT  
HIALEAH, FL 33012**



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1145744</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SOTO, LILIA E  
6020 WEST 14TH COURT  
HIALEAH, FL 33012**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 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	PTS SOTO, LILIA E 6020 WEST 14TH COURT HIALEAH, FL 33012
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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 listed empowered.

**SIGNATURE:**

*Lilia E. Soto*  
**LILIA E. SOTO**

*4/27/07*  
Date

*305 826-5953*  
Daytime Phone #