


**FILED**

**May 03, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P02000065020</b> 1. Entity Name LITTLE KINGDOM CHILD CARE CENTER II, INC.	
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Principal Place of Business 1000 N KROME AVE HOMESTEAD, FL 33030	Mailing Address 1000 N KROME AVE HOMESTEAD, FL 33030
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02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1540155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JULIO C  
1000 N KROME AVE  
HOMESTEAD, FL 33030

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO PEREZ, MARIA E 9530 S.W. 25TH DRIVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STO HERNANDEZ, JULIO C 9530 S.W. 25TH DRIVE MIAMI, FL 33165
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**DO NOT WRITE IN THIS SPACE**

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05/05/05-80011-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, 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: *Julio C. Hernandez* Vice President Julio C. Hernandez #29/2005 (305) 246 5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Decline Phone #