


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000065020
1. Entity Name
LITTLE KINGDOM CHILD CARE CENTER II, INC.



Principal Place of Business
1000 N KROME AVE
HOMESTEAD, FL 33030

Mailing Address
1000 N KROME AVE
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE



07262007 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1540155

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, MARIA E
STREET ADDRESS	16931 S.W. 213 LANE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	STD
NAME	HERNANDEZ, JULIO C
STREET ADDRESS	16931 S.W. 213 LANE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000770978
07/31/07-20008-022 550.00

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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 affidavit, with all other like empowered.

SIGNATURE: Julio Hernandez 7-25-07 (30) 332-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #