

**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



07262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1540155	Applied For Not Applicable
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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

**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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MARIA E 16931 S.W. 213 LANE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERNANDEZ, JULIO C 16931 S.W. 213 LANE MIAMI, FL 33187
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07/31/07-80008-022 550.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julio Hernandez 7-25-07 (301) 332-9121