

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2008 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



01112008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 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 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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
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 address, with all other like empowered.

SIGNATURE:

Julio C Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/08 202 245-8522