

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075299

FILED  
May 11, 2010  
Secretary of State

**Entity Name:** POMBAR'S KIDZ CHILD DAY CARE LEARNING CENTER, CORP.

**Current Principal Place of Business:**

7625 BYRON AVE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

7625 BYRON AVE  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 30-0189243      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POMBAR, BARBARA  
7625 BYRON AVE  
MIAMI BEACH, FL 33141      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** POMBAR, BARBARA  
**Address:** 7625 BYRON AVE  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** V  
**Name:** POMBAR, GILBERTO A  
**Address:** 7625 BYRON AVE  
**City-St-Zip:** MIAMI BEACH, FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA POMBAR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OWNE

05/11/2010

\_\_\_\_\_ Date