

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90016 049 ***150.00

DOCUMENT # P04000064893

1. Entity Name
SUPER KIDS ACADEMY, INC.



Principal Place of Business
**3816 GLENFORD DRIVE
CLERMONT, FL 34711 US**

Mailing Address
**101 POLO PARK BLVD., SUITE 5
DAVENPORT, FL 33897**

40007894



2. Principal Place of Business

4974 Millenia Blvd.
Suite, Apt. #, etc.

3. Mailing Address

4974 Millenia Blvd
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

Orlando FL

Zip

32809

Country

USA

City & State

Orlando FL

Zip

32809

Country

USA

4. FEI Number

20-1024042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SANABRIA, SILVANA A~~
**3816 GLENFORD DRIVE
CLERMONT, FL 34711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SANABRIA, SILVANA A**
STREET ADDRESS **3816 GLENFORD DRIVE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZULUAGA, MIRIAM R**
STREET ADDRESS **13706 MIRROR LAKE DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZULUAGA, ALEJANDRO**
STREET ADDRESS **13706 MIRROR LAKE DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05