

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135284

FILED
Sep 05, 2005
Secretary of State

Entity Name: CHILDRENS LAUGHTER INC

Current Principal Place of Business:

14600 DADE PINE AVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

2210 N FLAMINGO RD
PEMBROKE PINES, FL 33028

Current Mailing Address:

14600 DADE PINE AVE
MIAMI LAKES, FL 33014

New Mailing Address:

2210 N FLAMINGO RD
PEMBROKE PINES, FL 33028

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MICHELLE
701 SW 109 AVE
103
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

HERNANDEZ, MICHELLE
651 SW 109 AVE
102
PEMBROKE PINES, FL 33025 US

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: MICHELLE HERNANDEZ

09/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BANE, LILO
Address: 14600 DADE PINE AVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VP () Delete
Name: BANE, CLIFFORD
Address: 14600 DADE PINE AVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: HERNANDEZ, MICHELLE
Address: 651 SW 109 AVE #102
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TRE () Change (X) Addition
Name: HERNANDEZ, MICHELLE
Address: 651 SW 109 AVE #102
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE HERNANDEZ

SEC

09/05/2005

Electronic Signature of Signing Officer or Director

Date