


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90280 012 \*\*\*150.00

<b>DOCUMENT # P04000169294</b>	
1. Entity Name <b>KID'S WORLD CORPORATION</b>	

Principal Place of Business <b>2032 NW 22ND AVENUE MIAMI, FL 33142</b>	Mailing Address <b>2032 NW 22ND AVENUE MIAMI, FL 33142</b>
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2. Principal Place of Business <b>2108 NW 20th ST</b>	3. Mailing Address <b>2108 NW 20th ST</b>
Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc. <b>N/A</b>

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33142</b>	Country <b>Dade</b>

04272006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-4734780</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TORRES, JOSE G CPA 8502 NW 198TH TERRACE MIAMI, FL 33015</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 **Jose G Torres CPA** **04/26/06**  
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LOPEZ, JORGE</b> <b>2032 NW 22ND AVENUE</b> <b>MIAMI, FL 33142</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Lopez, Maribel</b> <b>2108 NW 20th ST</b> <b>Miami, Florida 33142</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>LOPEZ, MARIBEL</b> <b>2032 NW 22ND AVENUE</b> <b>MIAMI, FL 33142</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maribel Lopez* **04/23/06**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #