

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

DOCUMENT # P05000001897

1. Entity Name
KIDS WORLD OF MIAMI, INC



05-01-2006 90747 001 ***150.00

05-01-2006 90747 002 ***150.00

Principal Place of Business
1600 NW 95 ST
MIAMI, FL 33147 US

Mailing Address
1600 NW 95 ST
MIAMI, FL 33147 US

66013283

2. Principal Place of Business

3. Mailing Address

18526 N.W 52 Path.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami Fla.

04122006

Chg-P

CR2E034 (11/05)

City & State

City & State

Miami Dade.

4. FEI Number

41-2163485

Applied For

Not Applicable

Zip

Country

Zip

33055

Country

FLA - Dade

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

CUNNINGHAM, JOHN
1600 NW 95 ST
MIAMI, FL 33147

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, 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
P
CUNNINGHAM, JOHN
1600 NW 95 ST
MIAMI, FL 33147 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CUNNINGHAM, STACY
1600 NW 95 ST
MIAMI, FL 33147 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GAUNTLETT, SHAUNA
1600 NW ST
MIAMI, FL 33147 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
New person Added
Jromita WRIGHT
1600 NW 95 ST
Miami Fla. 33147. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

John Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 18/06

954-696-1817
Daytime Phone #