

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000024323

Entity Name: K.I.M. LEARNING CENTER, INC.

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4200 N 65 AVE  
DAVIE, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

4200 N 65 AVE  
DAVIE, FL 33024

**New Mailing Address:**

FEI Number: 34-2039820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUENO, ANA  
4200 N 65 AVE  
DAVIE, FL 33024 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BUENO, ANA  
Address: 4200 N 65 AVE  
City-St-Zip: DAVIE, FL 33024

Title: VP  
Name: ULFE, JOSE J  
Address: 4200 N. 65 AVE  
City-St-Zip: DAVIE, FL 33024

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: ANA BUENO

PRES

02/20/2011

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

\_\_\_\_\_  
Date