

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000029846

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** KIDZVILLAGE MONTESSORI SCHOOL & DAY CARE CENTER, INC.

**Current Principal Place of Business:**

4365 NORTH UNIVERSITY DRIVE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4365 NORTH UNIVERSITY DRIVE  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 26-4653183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSTON, SANDRA  
4365 NORTH UNIVERSITY DRIVE  
SUNRISE, FL 33351 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHNSTON, SANDRA  
Address: 4365 NORTH UNIVERSITY DRIVE  
City-St-Zip: SUNRISE, FL 33351

Title: VP  
Name: ALGHANNAM, HASSAN  
Address: 8400 NW 8TH ST  
City-St-Zip: PEMBROKE PINES, 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: SANDRA JOHNSTON

PD

03/08/2010

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

\_\_\_\_\_ Date