


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90007 036 ***150.00

DOCUMENT # P93000087067 1. Entity Name THE CHILDREN KINGDOM LEARNING CENTER INC.					
Principal Place of Business 6500 WEST 4TH AVENUE NO 19-22 HIALEAH, FL 33012 US			Mailing Address 6500 W 4TH AVE. NO 19-22 HIALEAH, FL 33012 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAUMY, SAYONARA 6500 WEST 4TH AVENUE NO. 26 HIALEAH, FL 33012				Name Sayonara Daumy Street Address (P.O. Box Number is Not Acceptable) 6500 West 4th Avenue No. 19 City Hialeah	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTV DAUMY, SAYONARA 8930 N.W. 148TH TERRACE MIAMI, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM Sayonara-Daumy 8930 N.W. 148TH Terrace Miami, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUMY, SAYONARA 8930 N.W. 148TH TERRACE MIAMI, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTs Gerardo Daumy 8930 N.W. 148th Terrace Miami, FL 33018	
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	
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	
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	
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 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 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 an other like empowered.

SIGNATURE: Sayonara Daumy 3/1/04 (305) 556-5878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR