

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0471229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAUMY, SAYONARA
6500 WEST 4TH AVENUE
NO. 19
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCH
DAUMY, SAYONARA
8930 N.W. 148TH TERRACE
MIAMI, FL 33016**

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
**VT
DAUMY, GERARDO
8930 NW 148TH TERRACE
HIALEAH, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000666840
03/26/07-80004-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Sayonara Daumy
Sayonara Daumy

3-12-07

305-556-5878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #