


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90090 041 ***150.00

DOCUMENT # P98000033723 1. Entity Name KIDDIE CORNER PRESCHOOL, INC.					
Principal Place of Business 17790 NW 78 AVE HIALEAH, FL 33015			Mailing Address 17790 NW 78 AVE HIALEAH, FL 33015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODSON, PAUL M 8851 NW 193 STREET MIAMI, FL 33018				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODSON, CRISTINA C		NAME	6905 GLENBAGUE DRIVE	
STREET ADDRESS	8851 NW 193 ST		STREET ADDRESS	MIAMI LAKES, FL 33014	
CITY - ST - ZIP	MIAMI, FL 33018		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODSON, PAUL M		NAME	6905 GLENEAGLE DRIVE	
STREET ADDRESS	8851 NW 193 ST		STREET ADDRESS	MIAMI LAKES, FL 33014	
CITY - ST - ZIP	MIAMI, FL 33018		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODSON, PAUL		NAME		
STREET ADDRESS	8851 NW 193 ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33018		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIGIA, CANAS		NAME		
STREET ADDRESS	8851 NW 193 ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33018		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 all other like empowered.					
SIGNATURE: <u>Paul M. Woodson</u> PAUL M. WOODSON 5/2/05 954-766-7877					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					