

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020561

FILED
Jan 05, 2007
Secretary of State

Entity Name: KID'S CARE CONSULTING, INC.

Current Principal Place of Business:

4320 NE 16TH AVE
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

4320 NE 16TH AVE
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-0905662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, LESLIE
4320 NE 16TH AVE
OAKLAND PARK, FL 33334 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: D () Delete
Name: LYNCH, LESLIE
Address: 4320 NE 16TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: JUNQUERA, ANGEL L
Address: 51 SW 11 STREET #1521
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUNQUERA, ANGEL L
Address: 533 NE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LESLIE LYNCH

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date