
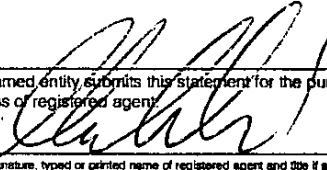
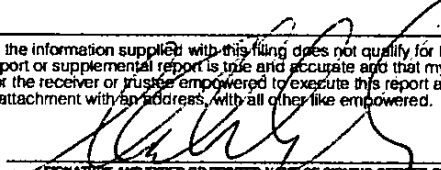


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90078 037 ***158.75

DOCUMENT # P99000095418 1. Entity Name IT'S A SMALL WORLD LEARNING CENTER II INC.					
Principal Place of Business 3100 NW 94TH STREET MIAMI, FL 33147			Mailing Address 3100 NW 94TH STREET MIAMI, FL 33147		
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	
QUEVEDO, MAYRA 8974 TAFT-STREET PEMBROKE PINES, FL 33024				Name Quevedo, Mayra Street Address (P.O. Box Number is Not Acceptable) 3100 NW 94th STREET City MIAMI FL 33147	
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  DATE 1/19/05 <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P QUEVEDO, MAYRA 3100 NW 94TH STREET PEMBROKE PINES, FL 33147		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Quevedo, Mayra 3100 NW 94th Street Pembroke Pines, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUINTANA, ROSA M 3100 NW 94TH STREET PEMBROKE PINES, FL 33147		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./S.T.D Quintana, Rosa M 4810 SW 198th Terr SW Ranches FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINTANA, RODOLFO 4810 SW 198TH TERRACE FORT LAUDERDALE, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/19/05 Daytime Phone # 305-696-1234		