


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P99000095418 |  |
| 1. Entity Name IT'S A SMALL WORLD LEARNING CENTER II INC. | |

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| Principal Place of Business 3100 NW 94TH STREET MIAMI, FL 33147 | Mailing Address 3100 NW 94TH STREET MIAMI, FL 33147 |
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01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0959731 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent QUEVEDO, MAYRA 3100 NW 94TH STREET MIAMI, FL 33147 |
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000718971 05/01/07-80044-009 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D QUEVEDO, MAYRA 8391 NW 16TH STREET PEMBROKE PINES, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST QUINTANA, ROSA M 4810 SW 198TH TERR SW RANCHES, FL 33332 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINTANA, ROSA M 4810 SW 198TH TERRACE SW RANCHES, FL 33332 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **1/31/07 (305) 6961234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #