

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74395

FILED
Apr 15, 2009
Secretary of State

Entity Name: KIARA DAY CARE CENTER INC.

Current Principal Place of Business:

18500 NW 22 PLACE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

18500 NW 22 PLACE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0032571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGE, MARGARET
18500 NW 22 PLACE
MIAMI, FL 33056 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: HODGE, MARGARET
Address: 18500 NW 22 PLACE
City-St-Zip: MIAMI, FL 33056 US

Title: ASST () Delete
Name: TONYA HODGE
Address: 18500 NW 22ND PLACE
City-St-Zip: MIAMI, FL 33056 US

Title: ASST () Delete
Name: EZEKIEL HODGE
Address: 3950 NW 187TH TERRACE
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET HODGE

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date