## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT #V43986

1. Entity Name

KIDS DAY CARE & KINDERGARTEN, INC.



Mailing Address

Principal Place of Business 1301 W. 68TH STREET SUITE C,F,G,J HIALEAH, FL 33014

1301 W. 68TH STREET SUITE C,F,G,J HIALEAH, FL 33014 FILED Aug 28, 2007 08:00 AM Secretary of State



07062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0346665

00 00 10000

\$8.75 Additional Fee Required

Applied For

Not Applicable

5. Certificate of Status Desired

П <sup>5</sup>

6. Name and Address of Current Registered Agent			A SECTION OF SERVICE STREET, THE SECTION OF	
LOPEZ, LAZARO 255 ALHAMBRA CIRCLE STE #380 CORAL GABLES, FL 33134			To a line	NOT WRITE 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				
	LE NOWIII FEE IS \$550.00 ue by September 14, 2007	Election Campaign Finan     Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	## 4000000772936   03/23/07-80009-025 550.00
10.	OFFICERS AND DIREC	CTORS		the figure and the province is
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PALACIO, BEATRIZ 1280 NW 154 LANE PEMBRPOKE PINES, FL 33028		65 03	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		÷	IN:	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e granina.	PRESIDENT ACT	
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

BLATIC Palacio
RICHATURE AND TYPE OR PRINTED NAME OF RICHING OFFICER

8-22-2007

(305)825866