

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005521

**Entity Name:** CODING DOCTORS KIDS CLUB INC.

**Current Principal Place of Business:**

6970 NW 174 TER  
UNIT 403  
HIALEAH, FL 33015

**Current Mailing Address:**

6970 NW 174 TER  
UNIT 403  
HIALEAH, FL 33015 US

**FEI Number:** 84-1794729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, LAUREN  
6970 NW 174 TER  
UNIT 403  
HIALEAH, FL 33015 US

*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

**Officer/Director Detail :**

Title	P	Title	T
Name	SMITH, LAUREN	Name	GARCIA, MIRELYS
Address	6970 NW 174 TERRACE UNIT 403	Address	17201 NW 78 AVE
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAUREN SMITH

**PRESIDENT**

**08/10/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date