

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000045924

**Entity Name:** KILLIAN OAKS HOUSE OF LEARNING, INC.

**Current Principal Place of Business:**

10545 S.W. 97 AVENUE  
MIAMI, FL 33176

**Current Mailing Address:**

10545 S.W. 97 AVENUE  
MIAMI, FL 33176 US

**FEI Number:** 65-0595907

**Certificate of Status Desired:** Yes

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

KLINE, KEVIN FATTY.  
2600 SOUTH DOUGLAS ROAD  
902  
CORAL GABLES, FL 33134 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 VP  
Name RICON, MERCEDES  
Address 10545 S.W. 97 AVENUE  
City-State-Zip: MIAMI FL 33176

Title PT  
Name RICON, MERCEDES  
Address 10545 S.W. 97 AVENUE  
City-State-Zip: MIAMI FL 33176

Title S  
Name RICON, DAVID  
Address 10545 SW 97TH AVENUE  
City-State-Zip: MIAMI FL 33176

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

**SIGNATURE:** MERCEDES RICON

PT

01/09/2014

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

\_\_\_\_\_  
Date