2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024399

City-St-Zip: MIAMI, FL 33135

Entity Name: EMILY C. MOISES DAY TRAINING CENTER INC.

FILED Jan 11, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
5643-R N.W. 36 ST MIAMI SPRINGS, FL 33166				5643 N.W. 36 STREET MIAMI SPRINGS, FL 33166	
Current Mailing Address:			New Mailing Address:		
5643-R N.W. 36 ST MIAMI SPRINGS, FL 33166			5643 N.W. 36 STREET MIAMI SPRINGS, FL 33166		
FEI Number	: 57-1155542	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
219 SW 32	ALBERTO A 2ND AVENUE 33135 US				
	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () MOISES, ALBE 219 SW 32ND A MIAMI, FL 331	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VSD () MOISES, NIEVE 219 SW 32ND		Title: Name: Address:	() Change () Addition	

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: ALBERT MOISES PTD 01/11/2009