2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2004 8:00 am Secretary of State 01-26-2004 90014 006 ***150.00 **DOCUMENT # P03000055334** AMOS ENTERPRISES & DAYCARE, INC. **~**¥000335 Principal Place of Business Mailing Address 4510 LAKE MARTIN DR., APT. #F 4510 LAKE MARTIN DR., APT. #F ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address LAKE MARTIN DR LAKE MARTIN DR Suite, Apt. #, etc. 01232004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired ORAMGE. ORMGE. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADESOJI, AFOLORUNSO A Street Address (P.O. Box Number is Not Acceptable) 4510 LAKE MARTIN DR., APT. #F ORLANDO, FL 32808 City Zip Code 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 Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9.-Election Campaign Financing. \$5.00 May Be :: FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition ADESOJI, AFOLORUNSO A MAME NAME 4510 LAKE MARTIN DR., APT. #F STREET ADDRESS STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP Delete TITLE ☐ Change Addition SINGLETARY, TASHA M NAME NAME STREET ADDRESS 4510 LAKE MARTIN DR., APT. #F STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED