

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90013 001 ***450.00

DOCUMENT # P96000081234
 1. Entity Name
 PEBBLES & BAM-BAM DAYCARE, CORP.



Principal Place of Business Mailing Address
 2980 SW 128 AVE 2980 SW 128 AVE
 MIAMI, FL 33175 MIAMI, FL 33175

66020000

DO NOT WRITE IN THIS SPACE



08072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0715443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CABANAS, JOSEPH F.
 10520 NW 26 STREET, SUITE C-201
 DORAL, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIVEROL, SARA I 2980 SW 128 AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, NELSON 7770 SW 26 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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: Sara I. Riverol 08/27/07 (305) 554 8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sara I. Riverol