

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081234

FILED
May 09, 2008
Secretary of State

Entity Name: PEBBLES & BAM-BAM DAYCARE, CORP.

Current Principal Place of Business:

2980 SW 128 AVE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2980 SW 128 AVE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0715443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS, JOSEPH F.
10520 NW 26 STREET, SUITE C-201
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RIVEROL, SARA I
Address: 2980 SW 128 AVE
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: MARTIN, NELSON
Address: 7770 SW 26 STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SARA RIVEROL

DIR

05/09/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date