2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 384524

Entity Name: PEMBROKE PARK CHILD CARE CENTER, INC.

FILED Mar 09, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
5499 S.W. DAVIE, FL							
Current Mailing Address:				New Mailing Address:			
9720 PINES BLVD PEMBROKE PINES, FL 33024				5499 S.W. 82 AVENUE DAVIE, FL 33328			
FEI Number: 59-1410433 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BUBANI, CAROL 5499 S.W. 82 AVE. DAVIE, FL 33328 US				LESAGE, SUSAN 17851 SW 4TH COURT DAVIE, FL 33029 US			
The above in the State		ubmits this statement for the pu	irpose o	f changing it	s registered	office or re	gistered agent, or both,
SIGNATURE: SUSAN LESAGE				03/09/2005			
	Electroni	Signature of Registered Ager	nt			D	ate
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADD					S/CHANGES	S TO OFFIC	CERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PT () BUBANI, CAROL 5531 SW 82ND DAVIE, FL 3332	AVE.		Title: Name: Address: City-St-Zip:	P (X ELMS, DAVID 12909 NW 23 PEMBROKE F	RD STREET	,
Title: Name: Address: City-St-Zip:	KILLIAN, ROSINA 5531 SW 82ND	AVE.		Title: Name: Address: City-St-Zip:	T (X ELMS, MELAN 12909 NW 23 PEMBROKE F	RD STREET	,
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	LESAGE, SUS 17851 SW 4T	H COURT	
Title: Name: Address: City-St-Zip:	()!	Delete		Title: Name: Address: City-St-Zip:	BM (SALAMIDA, M 11061 SW 30 DAVIE, FL 33	TH COURT) Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	BM (LAWES, DON 9230 NW 14 S PEMBROKE F	STREET	,
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	BM (LEONARD, JA 1521 CATHEE MARGATE, FL	RAL DRIVE) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN LESAGE S 03/09/2005