

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000117542

FILED
Dec 07, 2005
Secretary of State

Entity Name: MISTIC ROSE DAY CARE, INC.

Current Principal Place of Business:

8550 SW 109 AVENUE
APT. #103
MIAMI, FL 33173

New Principal Place of Business:

11025 SW 88 STREET
SUITE N-112
MIAMI, FL 33176

Current Mailing Address:

8550 SW 109 AVENUE
APT. #103
MIAMI, FL 33173

New Mailing Address:

11025 SW 88 STREET
SUITE N-112
MIAMI, FL 33176

FEI Number: 20-3895415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERONA, MARIA E
8550 SW 109 AVENUE
APT. #103
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

VERONA, LUIS
11025 SW 88 STREET
SUITE N-112
MIAMI, FL 33176 US

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: LUIS VERONA

12/07/2005

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: PD () Delete
Name: VERONA, LUIS A
Address: 8550 SW 109 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: VD () Delete
Name: WHEELER, MARTHA
Address: 8550 SW 109 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: TD (X) Delete
Name: VERONA, EDUARDO A
Address: 8550 SW 109 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: SD (X) Delete
Name: VERONA, MARIA E
Address: 8550 SW 109 AVENUE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: VERONA, LUIS
Address: 11025 SW 88 STREET, SUITE N-112
City-St-Zip: MIAMI, FL 33176

Title: VTD (X) Change () Addition
Name: VERONA, EDUARDO D
Address: 11025 SW 88 STREET, SUITE N-112
City-St-Zip: MIAMI, FL 33176

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 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: LUIS VERONA

PSD

12/07/2005

Electronic Signature of Signing Officer or Director

Date