


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT #412978</b> 1. Entity Name <b>SKIPPER CHUCK'S CHILD CARE CENTER, INC. #2</b>	
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Principal Place of Business <b>#2</b> <b>17800 N.W. 22 AVE.</b> <b>MIAMI, FL</b>	Mailing Address <b>2130 HOLLYWOOD BLVD</b> <b>HOLLYWOOD, FL 33020</b> US
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1358354</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>RABEN, JUNE</b> <b>5660 COLLINS AVE 21 B</b> <b>MIAMI BCH, FL 33140</b>
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, A. 770 NW 179TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABEN, JUNE 5660 COLLINS AVENUE 21 B MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RABEN, M. 5660 COLLINS AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RABEN, RICHARD 2130 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/09/08-80021-008 150.00

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.

<b>SIGNATURE:</b> <u>Richard Raben</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/7/08</u> <small>Date</small>	<u>954-922-5696</u> <small>Daytime Phone #</small>
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