

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

**DOCUMENT # 447747**

1. Entity Name  
SKIPPER CHUCK'S CHILD CARE CENTER, INC. #4



Principal Place of Business  
17800 N.W. 22ND AVE  
MIAMI, FL

Mailing Address  
2130 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1518587

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RABEN, JUNE  
5660 COLLINS AVE 21B  
MIAMI BEACH, FL 33140

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JUNE, RABEN
STREET ADDRESS	5660 COLLINS AVE 21B
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VD
NAME	RABEN, M.
STREET ADDRESS	1260 N.E. 203 ST
CITY-ST-ZIP	MIAMM, FL
TITLE	T
NAME	RABEN, RICHARD
STREET ADDRESS	2130 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000776613  
01/09/08-80031-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

Date

954-922-5896

Daytime Phone #