


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 709381</b> 1. Entity Name ST. ALBAN'S DAY NURSERY, INC.	
---	---


FILED  
 04 JUL 20 PM 1:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 3465 BROOKER ST MIAMI, FL 33133-4867	Mailing Address 3465 BROOKER ST MIAMI, FL 33133-4867
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



01262004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0766992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCKINNON, SAMUEL 22680 SW 114TH CT MIAMI, FL 33170	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P JOHNSON, WILL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3342 THOMAS AVE	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP GRIFFITH, BERNARD M REV. <input type="checkbox"/> Delete	TITLE	
NAME	3481 HIBISCUS ST	NAME	
STREET ADDRESS	CORAL GABLES, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S MARTINEZ-PACHON, RAQUEL <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5842 SW 31 STREET	NAME	Audrey Eckert
STREET ADDRESS	MIAMI, FL 33155	STREET ADDRESS	2820 McFarlene Road
CITY-ST-ZIP		CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	T MILES, JENNING <input type="checkbox"/> Delete	TITLE	
NAME	3471 OAK AVE	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ED SAMUEL, MCKINNON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22680 SW 114TH CT	NAME	7000395733200 07/27/04--01030--003 **130.00
STREET ADDRESS	MIAMI, FL 33170	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BLONSKY, DANIEL F <input type="checkbox"/> Delete	TITLE	Parliamentarian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2699 S BAYSHORE DR- PENTHOUSE	NAME	Carol Shabe
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	3439 Main Highway
CITY-ST-ZIP		CITY-ST-ZIP	Coconut Grove, FL 33133

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:  1/26/2004 (305) 443-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #