


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 709381
 1. Entity Name
ST. ALBAN'S DAY NURSERY, INC.



Principal Place of Business 3465 BROOKER ST MIAMI, FL 33133-4867	Mailing Address 3465 BROOKER ST MIAMI, FL 33133-4867
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

BLANTON, SHARIE
 3465 BROOKER ST
 MIAMI, FL 33133

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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)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/19/08-80025-006 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, SEAN 4951 SW 185TH AVE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILES, JENNING 3471 OAK AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUESENBERRY, BILL 1315 CAMPO SANO AVE. MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNER-LANE, CRYSTAL 1441 BRICKELL AVE., 15TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VILCHEA, CARLOS 6700 MIRAMAR PARKWAY MIRAMAR, FL 330329897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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  Miles Jennings Date 2/5/08 (305) 443-1234

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