


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90059 049 ****61.25

DOCUMENT # 743227																																			
1. Entity Name NORTH MIAMI EARLY CHILDHOOD SCHOOL AND DAY CARE CENTER, INC.																																			
Principal Place of Business 1200 N.E. 135TH. STREET NORTH MIAMI, FL 33161			Mailing Address 1200 N.E. 135TH. STREET NORTH MIAMI, FL 33161																																
2. Principal Place of Business 1200 N.E. 135 St.		3. Mailing Address 1200 N.E. 135 St.																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																	
City & State North Miami, FL		City & State North Miami, FL																																	
Zip 33161		Country U.S.A.		Zip 33161																															
Country U.S.A.		Country U.S.A.																																	
6. Name and Address of Current Registered Agent ASTORGA, STEVEN 1200 N.E. 135TH ST. NORTH MIAMI, FL 33161			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Astorga, Stephen</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">1200 N.E. 135 St.</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="3">North Miami</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td colspan="6"></td> </tr> <tr> <td colspan="6"></td> </tr> </table>			Name	Astorga, Stephen					Street Address (P.O. Box Number is Not Acceptable)	1200 N.E. 135 St.					City	North Miami			FL	Zip Code												
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Street Address (P.O. Box Number is Not Acceptable)	1200 N.E. 135 St.																																		
City	North Miami			FL	Zip Code																														
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																															
Make check payable to Florida Department of State																																			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																
TITLE	P <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME	ASTORGA, STEVEN		NAME	Astorga, Stephen																															
STREET ADDRESS	5206 ARECA PALM CIRCLE		STREET ADDRESS	5206 Areca Palm Circle																															
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP	Tamarac, FL 33319																															
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME	GAMBREL, IVAN		NAME																																
STREET ADDRESS	1435 NE 135 ST		STREET ADDRESS																																
CITY-ST-ZIP	N MIAMI, FL 33161		CITY-ST-ZIP																																
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME	FELDMAN, JUDY		NAME																																
STREET ADDRESS	13085 ORTEGA LANE		STREET ADDRESS																																
CITY-ST-ZIP	NORTH MIAMI,, FL 33181		CITY-ST-ZIP																																
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME	REMAly, JOHN		NAME																																
STREET ADDRESS	13120 SW 19 DR.		STREET ADDRESS																																
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP																																
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME	BOYKIN, PATTY		NAME																																
STREET ADDRESS	13095 EMERALD DR. # 2		STREET ADDRESS																																
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP																																
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME	DUEMMLING, LARRY		NAME																																
STREET ADDRESS	420 NW 146 ST		STREET ADDRESS																																
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP																																

50005202



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1896602

Applied For
Not Applicable

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

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: Stephen Astorga Stephen Astorga 01/16/05 305-895-1059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #