


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # F62446 1. Entity Name SPARKS DAY CARE, INC.	
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Principal Place of Business 8129 NW 12TH COURT MIAMI, FL 33147	Mailing Address 8129 NW 12TH COURT MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2201795	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 SPARKS, SHIRLEY 8129 NW 12TH CT MIAMI, FL 33147
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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. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPARKS, SHIRLEY 8129 NW 12TH CT MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPARKS, PHYLLIS 2841 N.W. 184TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPARKS, NICOLE 2841 N.W. 184TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLENDER, MARIA 20334 N.W. 34 AVE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <i>Shirley Sparks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-24-07 305.696-9890 Date Daytime Phone #
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