


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H21991 1. Entity Name ADRANAH'S DAY CARE CENTER INC.	
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Principal Place of Business 2501 NW 206TH STREET OPA LOCKA, FL 33056	Mailing Address 2501 NW 206TH STREET OPA LOCKA, FL 33056
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**DO NOT WRITE IN THIS SPACE**

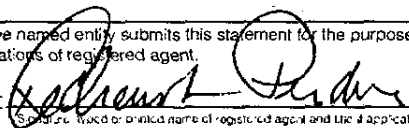
01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2453885	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PERDUE, ADRANAH 2501 N.W. 206TH STREET OPA LOCKA, FL 33056
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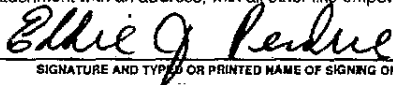
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  x Adranah Perdue 1-24-04 <small>(Signature, word or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PERDUE, ADRANAH 2521 N.W. 206 STREET OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FD PERDUE, EDDIE 2521 N.W. 206 STREET OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000034377  
02/05/04-80082-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Eddie J. Perdue 1-24-04 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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