


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # J42935</b>                            |  |
| 1. Entity Name<br><b>J &amp; J CHILD CARE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>822 SW 27TH ST.<br/>FT. LAUDERDALE, FL 33315-2636</b> | Mailing Address<br><b>822 SW 27TH ST.<br/>FT. LAUDERDALE, FL 33315-2636</b> |
|---|---|



03302008 No Chg-P CR2E034 (11/05)

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|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-2740873</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>DE BRAGANZA, NOEL<br/>822 S.W. 27TH STREET<br/>FT. LAUDERDALE, FL 33315</b> |
|---|

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**04/16/08-80069-006 150.00**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P<br><b>DE BRAGANZA, NOEL<br/>822 SW 27TH ST<br/>FORT LAUDERDALE, FL 33315</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br><b>FERNANDES, HELEN<br/>1345 SW 30TH STREET<br/>FORT LAUDERDALE, FL 33315</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br><b>FERNANDES, ROSS<br/>1345 SW 30TH STREET<br/>FORT LAUDERDALE, FL 33315</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
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:**  **NOEL DEBRAGANZA** **04.04.08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #