

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90019 004 \*\*\*150.00

<b>DOCUMENT # K35980</b> 1. Entity Name <b>SABAL PALM NURSERY AND DAY CARE CENTER, INC.</b>					
Principal Place of Business <b>3111 UNIVERSITY DR. CORAL SPRINGS, FL 33065</b>			Mailing Address <b>3111 UNIVERSITY DR. CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>SAME AS ABOVE</i>		3. Mailing Address Suite, Apt. #, etc. <i>SAME AS ABOVE</i>			
City & State		City & State			
Zip		Country		4. FEI Number <b>65-0080905</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>BARISONE, GUIDO 3200 MARION AVE. POMPANO BEACH, FL 33063</b>					
7. Name and Address of New Registered Agent Name <b>BARISONE Guido</b> Street Address (P.O. Box Number is Not Acceptable) <b>11150 HERON BOY BLV # 523</b> <b>CORAL SPRINGS, FL</b> City <b>FL</b> Zip Code <b>33076</b>					
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 <i>[Signature]</i> <b>Guido BARISONE</b> <span style="float: right;">4/04/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BARISONE, GUIDO</b> <input checked="" type="checkbox"/> Delete <b>3200 MARION AVENUE</b> <b>MARGATE, FL</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BARISONE Guido</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11150 HERON BOY BLV # 523</b> <b>CORAL SPRINGS FL 33076</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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>[Signature]</i> <b>Guido BARISONE</b> <span style="float: right;">4/04/05 (ASU) 345-7770</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					