


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K91614	
1. Entity Name FARAH'S ANGELS DAY CARE CENTER, INC.	

Principal Place of Business 15002 NE 12TH AVENUE MIAMI, FL 33161	Mailing Address C/O EDWARD SILER CPA 2419 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE

03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0122487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DESGRANGES, YANICK
15002 NE 12TH AVE.
MIAMI, FL 33165**

DO NOT WRITE 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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD DESGRANGES, YANICK 701 NE 153RD ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DESGRANGES, JEAN C. 701 NE 153RD ST MIAMI, FL
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04/02/05-80035-002 158.75

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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: *Yanick Desgranges* x 3 15 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #