

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L15133

**FILED  
Apr 11, 2006  
Secretary of State**

**Entity Name:** BAMBY'S DAY CARE CENTER & NURSERY SCHOOL, INC.

**Current Principal Place of Business:**

C/O CARMEN FRANCO  
860 NW 44TH AVENUE  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CARMEN FRANCO  
P.O. BOX 440231  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 65-0175736      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANCO, CARMEN  
P.O. BOX 440231  
860 NW 44 AVENUE  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: FRANCO, CARMEN,  
Address: 8907 SW 38 STR  
City-St-Zip: MIAMI, FL 33165 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: FRANCO, CARMEN,  
Address: 860 N.W. 44TH. AVENUE  
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN FRANCO

PVST

04/11/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date