

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90717 043 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                              |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L36156</b><br>1. Entity Name<br><b>GIRTMAN CHILD CARE CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                              |                                                                              |
| Principal Place of Business<br><b>101 NE 5TH AVE.<br/>BOYNTON BEACH, FL 33435</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Mailing Address<br><b>101 NE 5TH AVE.<br/>BOYNTON BEACH, FL 33435</b>                                                                                                                                        |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | 3. Mailing Address<br><b>P.O. Box 1552</b><br>Suite, Apt. #, etc.                                                                                                                                            |                                                                              |
| City & State<br><b>BOYNTON BEACH, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | 4. FEI Number<br><b>65-0174321</b>                                                                                                                                                                           |                                                                              |
| Zip<br><b>33425-1552</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | Country<br><b>U.S.A.</b>                                                                                                                                                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | 04292004 Chg-P CR2E034 (10/03)                                                                                                                                                                               |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>GIRTMAN, EROYN D PRES<br/>1920 NORTHEAST FIRST LANE<br/>BOYNTON BEACH, FL 33435</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | 7. Name and Address of New Registered Agent<br>Name <b>BLANCHE H. GIRTMAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>912 NW 3RD STREET</b><br>City <b>BOYNTON BEACH</b> FL <b>33435</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.<br>SIGNATURE <u><i>Blanche H. Girtman</i></u> DATE <u>4/29/04</u><br><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<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                       |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                 |                                                                              |
| TITLE<br>P<br>NAME<br>GIRTMAN, EROYN D PRES<br>STREET ADDRESS<br>1920 NORTHEAST FIRST LANE<br>CITY-ST-ZIP<br>BOYNTON BEACH, FL 33435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>T<br>NAME<br>GIRTMAN, BLANCHE H TREAS<br>STREET ADDRESS<br>912 NORTH WEST 3RD STREET<br>CITY-ST-ZIP<br>BOYNTON BEACH, FL 33435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete            | TITLE<br>PRESIDENT<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>S<br>NAME<br>GIRTMAN, ANGELA D SEC<br>STREET ADDRESS<br>1920 NORTHEAST FIRST LANE<br>CITY-ST-ZIP<br>BOYNTON BEACH, FL 33435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>TREASURER<br>NAME<br>CLAIRE GIRTMAN + GAYLE<br>STREET ADDRESS<br>1315 WEST INDIES WAY<br>CITY-ST-ZIP<br>LANTANA, FL 33462                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 fee empowered. |                                            |                                                                                                                                                                                                              |                                                                              |
| SIGNATURE <u><i>Blanche H. Girtman</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 4/29/04 561-737-6067                                                                                                                                                                                         |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | <small>Date Daytime Phone #</small>                                                                                                                                                                          |                                                                              |