


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # L61042 1. Entity Name CHILDREN'S PARADISE CHILD CARE CENTER, INC.	
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Principal Place of Business 7435 SW 61 AVE MIAMI, FL 33143 US	Mailing Address 7435 SW 61 AVE MIAMI, FL 33143 US
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0186513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PATTERSON, JOHN H., JR 44 WEST FLAGLER STREET, 18TH FLOOR MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD MENOCAL, MARIA G 5641 SW 67TH AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ANGELINA 12786 SW 146TH LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RAMON R 12786 S.W. 146 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAZZANIGA, ROSY 12786 SW 146 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IRMA, LARA 5641 SW 67 AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000057400  
02/19/04-80060-012 150.00

**DO NOT WRITE IN THIS SPACE**

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: Angelina Rodriguez Feb 14/2004 305-666-1635

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