


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # L61042</b> 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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**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**



04142005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  PATTERSON, JOHN H., JR 44 WEST FLAGLER STREET, 18TH FLOOR MIAMI, FL 33130
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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 reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MENOCAL, MARIA G
STREET ADDRESS	5641 SW 67TH AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	V
NAME	RODRIGUEZ, ANGELINA
STREET ADDRESS	12786 SW 146TH LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	RODRIGUEZ, RAMON R
STREET ADDRESS	12786 S.W. 146 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	CAZZANIGA, ROSY
STREET ADDRESS	12786 SW 146 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T
NAME	IRMA, LARA
STREET ADDRESS	5641 SW 67 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>April 14/2005</u> Daytime Phone #: <u>(305) 666-1635</u>
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