

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90002 048 ***550.00

DOCUMENT # M76909

1. Entity Name
MY KID'S PLACE CHRISTIAN DAY CARE, INC.



Principal Place of Business
**7777 N.E. 3RD CT.
MIAMI, FL 33138**

Mailing Address
**7777 N.E. 3RD CT.
MIAMI, FL 33138**

50025353

2. Principal Place of Business

3. Mailing Address

P.O. Box 530604



Suite, Apt., etc.

Suite, Apt., etc.

08072006

Chg-P

CR2E034 (11/05)

City & State

City & State

Mia FL

4. FEI Number

65-0043519

Applied For

Not Applicable

Zip

Country

Zip

33153

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCOIS, JEAN M.
1183 NE 91 TERR
MIAMI SHORES, FL 33138**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**-FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FRANCOIS, MARIE J.**
STREET ADDRESS **1183 NE 91 TERR**
CITY-ST-ZIP **MIAMI SHORES, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **FRANCOIS, JEAN M.**
STREET ADDRESS **1183 NE 91 TERR**
CITY-ST-ZIP **MIAMI SHORES, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

MARIE J FRANCOIS

8/15/06

(305) 895-8180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #