2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006242

1. Entity Name
CHILDREN'S CONNECTION, INC.

Principal Place of Business	Mailing Address
20002 N.E. 6TH COURT CIRCLE NORTH MIAMI BEACH, FL 33179	20002 N.E. 6TH COURT CIRCLE NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1138913
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VICTOR-ADAM, GUILAINE
200002 N.E. 6TH COURT CIRCLE
NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHANTAL, CHARLES
STREET ADDRESS	15660 SW 82 CIRCLE LN #610
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	D
NAME	SAINT CLAIR, ETHEL
STREET ADDRESS	28 N.W. 154TH STREET
CITY-ST-ZIP	N. MIAMI, FL 33169
TITLE	D
NAME	JULIEN-DESMARATTES, MARIE J
STREET ADDRESS	1486 S.W. 159TH STREET
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	D
NAME	JEREMIE, SAMUEL
STREET ADDRESS	17890 W. DIXIE HIGHWAY, #118
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000150553
05/04/04-80012-005 61.25

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 617, 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: GUILAINE VICTOR-ADAM G. Victor-Adam, V.P. 4/30/04 (305) 785-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #