

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N02000005231

Entity Name: SUNSHINE & SUNSET DAYCARE & KINDERGARTEN, INC.

**Current Principal Place of Business:**

4339 N.W. 7TH AVENUE  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

4339 N.W. 7TH AVENUE  
MIAMI, FL 33127

**New Mailing Address:**

FEI Number: 59-2072861      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH, BETTY J  
555 N.W. 111TH STREET  
MIAMI, FL 33168      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: JOSEPH, BETTY  
Address: 555 N.W. 111TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: V ( ) Delete  
Name: YOUNG, TOMMIE  
Address: 555 N.W. 111TH STREET  
City-St-Zip: MIAMI, FL 33168

Title: S ( ) Delete  
Name: HOLMES, JANICE M  
Address: 720 S.W. 10TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: YOUNG, JIMMIE L  
Address: 555 N.W. 111TH STREET  
City-St-Zip: MIAMI, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY JOSEPH

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date