



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90270 006 ****61.25

DOCUMENT # N06588 1. Entity Name 4 CHILDREN'S S.A.K.E., INC.																																																																																																																													
Principal Place of Business 621 SOUTH FEDERAL HIGHWAY SUITE #6 FT. LAUDERDALE, FL 33301				Mailing Address 8002 SW 5TH STREET POMPAN0 BEACH, FL 33068 · US																																																																																																																									
2. Principal Place of Business 2400 E. LAS OLAS BLVD		3. Mailing Address 2400 E. LAS OLAS BLVD																																																																																																																											
Suite, Apt. #, etc. PMB 126		Suite, Apt. #, etc. PMB 126																																																																																																																											
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Zip 33301		Zip 33301																																																																																																																											
Country USA		Country USA		03082005 Chg-NP CR2E037 (10/03)																																																																																																																									
4. FEI Number 65-0016252				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 ROSSELLI, CATHERINE 621 SOUTH FEDERAL HWY, SUITE 6 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name WILLIAM E. SHOEMAKER Street Address (P.O. Box Number is Not Acceptable) 2400 E. LAS OLAS BLVD., PMB 126 City FORT LAUDERDALE FL Zip Code 33301																																																																																																																										
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D GARRET, JOAN</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4629 POINCIANA STREET #302</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LBTS, FL 33308</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD JANET RIHL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>3389 COCOPLUM CIR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>COCONUT CREEK, FL 33063</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD SHOEMAKER, WILLIAM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2301 SOLAR PLAZA DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT LAUDERDALE, FL 33301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD CATALUNA, MONICA</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5476 NW 56TH DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>COCONUT CREEK, FL 33073</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP HALEY, BARBARA L</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>8002 SW 5TH STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH LAUDERDALE, FL 33068</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D GARRET, JOAN	<input type="checkbox"/> Delete	NAME	4629 POINCIANA STREET #302		STREET ADDRESS	LBTS, FL 33308		CITY-ST-ZIP			TITLE	TD JANET RIHL	<input type="checkbox"/> Delete	NAME	3389 COCOPLUM CIR		STREET ADDRESS	COCONUT CREEK, FL 33063		CITY-ST-ZIP			TITLE	PD SHOEMAKER, WILLIAM	<input type="checkbox"/> Delete	NAME	2301 SOLAR PLAZA DRIVE		STREET ADDRESS	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP			TITLE	SD CATALUNA, MONICA	<input checked="" type="checkbox"/> Delete	NAME	5476 NW 56TH DRIVE		STREET ADDRESS	COCONUT CREEK, FL 33073		CITY-ST-ZIP			TITLE	VP HALEY, BARBARA L	<input type="checkbox"/> Delete	NAME	8002 SW 5TH STREET		STREET ADDRESS	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(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: <i>[Signature]</i> PROSIDENT 3/8/05 954-761-9680 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													