

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 045 ****61.25

DOCUMENT # N94000005427					
1. Entity Name CHERISH CHILD CARE CENTER, INC.					
Principal Place of Business 4201 N.W. 2ND AVENUE MIAMI, FL 33127			Mailing Address 8026 NW 12TH COURT MIAMI, FL 33147		
2. Principal Place of Business		3. Mailing Address 61 NW 47 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI, FL		4. FEI Number 65-0524854	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33127		Country		04292004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, EVA M 8026 NW 12TH COURT MIAMI, FL 33147			Name <u>Miller, Eva M.</u> Street Address (P.O. Box Number is Not Acceptable) 61 NW 47 Street City <u>MIAMI</u> FL Zip Code <u>33127</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME MILLER, EVA M		<input type="checkbox"/> Delete		
STREET ADDRESS 8026 N.W. 12TH COURT					
CITY - ST - ZIP MIAMI, FL 33147					
TITLE SD	NAME LEE, JOYCE A		<input type="checkbox"/> Delete		
STREET ADDRESS 1270 N.W. 84TH TERRT					
CITY - ST - ZIP MIAMI, FL 33147					
TITLE TD	NAME DENNIS, ELOISE		<input type="checkbox"/> Delete		
STREET ADDRESS 1056 N.W. 56TH STREET					
CITY - ST - ZIP MIAMI, FL 33127					
TITLE V	NAME CLAYTON, DAMEON D		<input type="checkbox"/> Delete		
STREET ADDRESS 61 NW 47TH STREET					
CITY - ST - ZIP MIAMI, FL 33127					
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____					
CITY - ST - ZIP _____					
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____					
CITY - ST - ZIP _____					
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: <u>Eva M. Miller</u>			04/29/04 (305) 691-4600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					