

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004469

FILED
Feb 10, 2005
Secretary of State

Entity Name: MOISES' LITTLE ARK CHILD CARE AND PRESCHOOL, INC.

Current Principal Place of Business:

1050 WEST 23RD ST.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1050 WEST 23RD ST.
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-0854946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILA, KEILA
6916 NW 166 TERR.
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

VILA, KEILA
5355 WEST 6TH AVENUE
HIALEAH, FL 33012 US

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: _____

02/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERO, EULOGIO REV.
Address: 1074 W. 70 PLACE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: VILA, KEILA
Address: 6916 NW 166 TERR.
City-St-Zip: MIAMI LAKES, FL 33014

Title: DS () Delete
Name: RIVERO, FRANCES J
Address: 8922 NW 174 ST
City-St-Zip: MIAMI, FL 33018

Title: DT () Delete
Name: RIVERO, FRANCES J
Address: 8922 NW 174 ST
City-St-Zip: MIAMI, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: VILA, KEILA
Address: 5355 WEST 6 TH AVENUE
City-St-Zip: HIALEAH, FL 33012

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 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 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: KEILA VILA

D

02/10/2005

Electronic Signature of Signing Officer or Director

Date