

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005141

FILED
Apr 19, 2004
Secretary of State**Entity Name:** COLLETTE'S FAMILY DAY CARE, INC.**Current Principal Place of Business:**2730 COCONUT AVE.
COCONUT GROVE, FL 33133**New Principal Place of Business:****Current Mailing Address:**2730 COCONUT AVE.
COCONUT GROVE, FL 33133**New Mailing Address:****FEI Number:** 65-0862128**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PARVEZ, ALEX
2730 COCONUT AVE.
COCONUT GROVE, FL 33133**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:** PD () Delete
Name: PARVEZ, COLLETTE
Address: 2730 COCONUT AVE.
City-St-Zip: MIAMI, FL 33133**Title:** D () Delete
Name: ALFRED, WAYNE
Address: 8065 SW 107TH AVE.,APT.209
City-St-Zip: MIAMI, FL 33173**Title:** D () Delete
Name: SPUND, YOLAND
Address: 18661 S.W. 108TH AVE.,APT.4-D
City-St-Zip: MIAMI, FL 33176**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:

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: COLLETTE PARVEZ

PD

04/19/2004

Electronic Signature of Signing Officer or Director

Date