

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90040 050 ***150.00

DOCUMENT # P00000017690

1. Entity Name
SUNSHINE KIDS DAY CARE CENTER, INC.



Principal Place of Business
**543 EAST 9TH STREET
HIALEAH, FL 33010**

Mailing Address
**543 EAST 9TH STREET
HIALEAH, FL 33010**

40092010



05062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0982735

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VARGAS, CLAUDIO
543 EAST 9TH STREET
HIALEAH, FL 33010**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
VARGAS, ALICIA B
543 EAST 9TH STREET
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
VARGAS, CLAUDIO
543 EAST 9TH STREET
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

Alicia B. Vargas
ALICIA B. VARGAS

05/06/2006

954-260-5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone