

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017690

FILED
Apr 29, 2008
Secretary of State

Entity Name: SUNSHINE KIDS DAY CARE CENTER, INC.

Current Principal Place of Business:

543 EAST 9TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

111 BRINY AVE
APT 703
POMPANO BEACH, FL 33062 US

Current Mailing Address:

543 EAST 9TH STREET
HIALEAH, FL 33010

New Mailing Address:

111 BRINY AVE
APT 703
POMPANO BEACH, FL 33062 US

FEI Number: 65-0982735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VARGAS, CLAUDIO
111 BRINY AVE
APT 703
POMPANO BEACH, FL 33062 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: CLAUDIO VARGAS

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGAS, CLAUDIO
Address: 543 EAST 9TH STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARGAS, CLAUDIO
Address: 111 BRINY AVE - APT 703
City-St-Zip: POMPANO BEACH, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO VARGAS

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date