

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032394

FILED
Jan 03, 2006
Secretary of State

Entity Name: PRECIOUS MOMENTS CHILD CARE CENTER, INC.

Current Principal Place of Business:

873 W. PALM DRIVE
FLORIDA CITY, FL 330343227

New Principal Place of Business:

580 NW DAVIS PARKWAY
FLORIDA CITY, FL 330343227 US

Current Mailing Address:

873 W. PALM DRIVE
FLORIDA CITY, FL 330343227

New Mailing Address:

580 NW DAVIS PARKWAY
FLORIDA CITY, FL 330343227 US

FEI Number: 65-0997597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTANER, SULAMY
873 W. PALM DRIVE
FLORIDA CITY, FL 330343227 US

Name and Address of New Registered Agent:

MONTANER, SULAMY
580 NW DAVIS PARKWAY
FLORIDA CITY, FL 330343227 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: SULAMY MONTANER

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONTANER, SULAMY
Address: 655 N.W. 2ND ST.
City-St-Zip: FLORIDA CITY, FL 330343227

Title: VTD () Delete
Name: MONTANER, RITA
Address: 655 N.W. 2ND ST.
City-St-Zip: FLORIDA CITY, FL 330343227

Title: S () Delete
Name: MONTANER, ROLANDO
Address: 655 NW 2 ST.
City-St-Zip: FLORIDA CITY, FL 330343227

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONTANER, SULAMY
Address: 655 N.W. 2ND ST.
City-St-Zip: FLORIDA CITY, FL 330343227 US

Title: VTD (X) Change () Addition
Name: MONTANER, RITA
Address: 655 N.W. 2ND ST.
City-St-Zip: FLORIDA CITY, FL 330343227 US

Title: S (X) Change () Addition
Name: MONTANER, ROLANDO
Address: 655 NW 2 ST.
City-St-Zip: FLORIDA CITY, FL 330343227 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SULAMY MONTANER

P

01/03/2006

Electronic Signature of Signing Officer or Director

Date