


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90068 032 ***150.00

DOCUMENT # P01000006945	
1. Entity Name TINY SMILES DAYCARE & PRE-SCHOOL, CORP.	

Principal Place of Business 10550 NW 77 CT, STE 211-12 HIALEAH FL 33016	Mailing Address 10550 NW 77 CT, STE 211-12 HIALEAH FL 33016
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2. Principal Place of Business 10550 NW 77th Ct. Suite, Apt. #, etc. # 211-212	3. Mailing Address 10550 NW 77th Ct. Suite, Apt. #, etc. # 211-212
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City & State Hialeah Gardens, FL	City & State Hialeah Gardens, FL
Zip 33016	Zip 33016
Country Miami-Dade	Country Miami-Dade



MOORE CR2E034 (11/03)

4. FEI Number 65-1069153		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALPIZAR, NORA 10550 NW 77 CT, STE 211-12 HIALEAH FL 33016		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

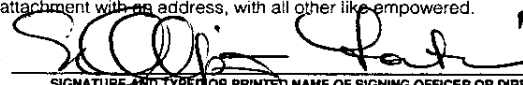
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALPIZAR, NORA		NAME Alpizar, Nora	
STREET ADDRESS 10550 NW 77 CT, STE 211-12		STREET ADDRESS 10550 NW 77th Ct. # 211-212	
CITY-ST-ZIP HIALEAH FL 33016		CITY-ST-ZIP Hialeah Gardens, FL	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALPIZAR FORTE, NORILY		NAME Alpizar-Forte Norily	
STREET ADDRESS 10550 NW 77 CT, STE 211-12		STREET ADDRESS 10550 NW 77th Ct. # 211-212	
CITY-ST-ZIP HIALEAH FL 33016		CITY-ST-ZIP Hialeah Gardens, FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  N. Alpizar-Forte 1/27/04 (305) 826-2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #