

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006945

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: TINY SMILES DAYCARE & PRE-SCHOOL, CORP.

## Current Principal Place of Business:

10550 NW 77TH CT  
# 211-212  
HIALEAH, FL 33016

## New Principal Place of Business:

10550 NW 77TH CT  
# 211-212  
HIALEAH GARDENS, FL 33016

## Current Mailing Address:

10550 NW 77TH CT  
# 211-212  
HIALEAH, FL 33016

## New Mailing Address:

10550 NW 77TH CT  
# 211-212  
HIALEAH GARDENS, FL 33016

FEI Number: 65-1069153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALPIZAR, NORA  
10550 NW 77TH CT  
STE 211/212  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

ALPIZAR, NORA  
10550 NW 77TH CT  
STE 211/212  
HIALEAH GARDENS, FL 33016 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:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALPIZAR, NORA  
Address: 10550 NW 77 CT, STE 211-12  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: V ( ) Delete  
Name: ALPIZAR FORTE, NORILY  
Address: 10550 NW 77 CT, STE 211-12  
City-St-Zip: HIALEAH GARDENS, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORILY ALPIZAR FORTE

V

01/10/2005

Electronic Signature of Signing Officer or Director

Date