


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000039505	
1. Entity Name BLOOMIN' BABIES DAYCARE, INC.	

Principal Place of Business 315 W. PALM DRIVE FLORIDA CITY, FL 33034	Mailing Address 315 W. PALM DRIVE FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE



07302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1098516	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PASTRAN, RAUL E 333 N E 8TH STREET HOMESTEAD, FL 33030	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U000000169323 08/04/04 00002 013 150.00
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, ALMA 18840 S W 356TH STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, VERONICA 18840 S W 356TH STREET FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Alma Flores</i>	7/30/04	(305) 247-4220
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>