

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90237 015 ***150.00

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1. Entity Name
LIVING STONE DAY CARE, INC.



Principal Place of Business

**3500 W. 84TH STREET
HIALEAH, FL 33018**

Mailing Address

**3171 SW 173RD TERRACE
MIRAMAR, FL 33029**

94074836



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1425118

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BARBON, VICTORIO G
3171 SW 173RD TERRACE
MIRAMAR, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBON, VICTORIO G
STREET ADDRESS 3171 SW 173RD TERRACE
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE VD
NAME BARBON, CARMEN G
STREET ADDRESS 3171 SW 173RD TERRACE
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE TD
NAME BARBON, LILLIAM G
STREET ADDRESS 20849 NW 2ND ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE SD
NAME BARBON, VICTORIO G
STREET ADDRESS 20849 NW 2ND ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/04