


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000017143 1. Entity Name LIVING STONE DAY CARE, INC.	
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Principal Place of Business 3500 W. 84TH STREET HIALEAH, FL 33018	Mailing Address 3171 SW 173RD TERRACE MIRAMAR, FL 33029
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01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 37-1425118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BARBON, VICTORIO G 3171 SW 173RD TERRACE MIRAMAR, FL 33029
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐ \$5.00 May Be  
Added to Fees

U000000521053

05/02/06-80121-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBON, VICTORIO G 3171 SW 173RD TERRACE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBON, CARMEN G 3171 SW 173RD TERRACE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBON, LILLIAM G 20849 NW 2ND ST. PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBON, VICTORIO G 20849 NW 2ND ST. 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 exemptions contained 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 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

4/1/06

Date

Daytime Phone # \_\_\_\_\_