Daytime Phone #

72003 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCU 1. Entity Nan		00017143			Secreta 05-01-2003 9		tate
Principal Place of Business 3171 SW 173RD TERRACE MIRAMAR FL 33029		Mailing Address 3171 SW 173RD TERRACE MIRAMAR FL 33029			55052215		
2. Principal I	Place of Business 0 W. 84th 5trut	3. Mailing Address			1681/1681 11 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811	SI NUSII AUINI 31011 10003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State Hialesto, Florida		City & State		4.	37 - 1425118		Applied For Not Applicable
Zip 33. 0	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Fee Req	Additional uired _ ,
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Ro	egistered Agent	
-	VICTORIO G 173RD TERRACE	Street Address		tress (P.O.	P.O. Box Number is Not Acceptable)		
MIRAMAR FL 33029			City			FL Zip (Code
8. The above the obliga SIGNATURE	e named entity submits this statement for tions of registered agent.		ts registered office or re				rith, and accept
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department o	f State	11.	A	9. Election Campaign Fin- Trust Fund Contribution DDITIONS/CHANGES TO OFFI	n. 🗆 Āc	5.00 May Be dded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBON, VICTORIO G 3171 SW 173RD TERRACE MIRAMAR FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		☐ Chan	
TITLE NAME STREET ADDRESS CITY~ST-ZIP	VD BARBON, CARMEN G 3171 SW 173RD TERRACE MIRAMAR FL 33029	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge Addition
TITLE NAME Street address City-St-Zip	TD BARBON, LILLIAM G 20849 NW 2ND ST. PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBON, VICTORIO G 20849 NW 2ND ST. PEMBROKE PINES FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge Addition
TITLE NAME STREET ADORESS ! CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge Addition
12. I hereby of indicated of the corthanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or truster empor, or on an attachment with an address.	this filing does not qualify for true and accurate and that owered to execute this report with all other like empowered to the REQUIF	or the exemption stated my signature shall have t as required by Chapte d.	I in Section e the same er 607, Flo	n 119.07(3)(i), Florida Statutes. I elegal effect as if made under or rida Statutes; and that my name	further certify that that that that that I am an offi appears in Block 10	ne information cer or director 0 or Block 11 if

LIVING STONE DAY CARE, INC.

3500 WEST 84 ST.
HIALEAH, FL. 35018

DATE 427/03

S-1233/660

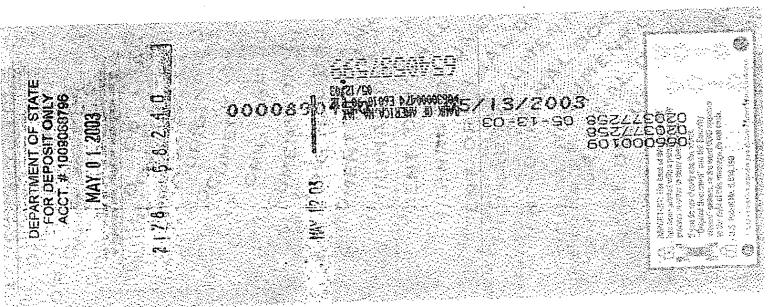
PAY
TO THE OF OUE MUMBER & FILT

THIS leach Office
4445 West 18th Avenue
Hisland, Florida 33012

FOR

1°00 100 21° 1:06 60 1 23 331: 03 1 277 229 1 1°06

PO 2,000 17143



This UBR was paud on april 27, 2003 to the Department of State For \$150.00. However, we received a second notice to file again. Please make the corrections needed. Thank you in advance.