## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000027853

1. Entity Name

INFANT DREAMS DAY CARE, INC.



Principal Place of Business

Mailing Address

3140 WEST 84TH STREET UNIT #10 AND 11 HIALEAH GARDENS, FL 33016

3140 WEST 84TH STREET UNIT #10 AND 11 HIALEAH GARDENS, FL 33016

FILED
Mar 12, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

02092007 No Chg-P	CR2E034 (11/05)		
4. FÉI Number		Applied For	
51-0450636		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

- 6. Name and Address of Current Registered Agent

GARCIA, MARTA 3140 WEST 84TH STREET UNIT #10 AND 11 HIALEAH GARDENS, FL 33016

## 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 renalizing)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			- · · · · -		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PDSD GARCIA, MARTA 3140 WEST 84TH STREET UNIT #10 HIALEAH GARDENS, FL 33016	AND 11		U00000662767			
NAME STREET ADDRESS CITY-ST-ZIP	A				03/21/07-80025-014 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							