

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90001 012 ***150.00

DOCUMENT # P02000112728	
1. Entity Name AM DAY CARE CORP.	



Principal Place of Business 4000 NW 2ND AVE MIAMI, FL 33127	Mailing Address PO BOX 172806 MIAMI, FL 33017
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54072562

2. Principal Place of Business 4000 NW 2nd Ave	3. Mailing Address 4000 NW 2nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03012003 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL
Zip 33127	Zip 33127
Country USA	Country USA

4. FEI Number 13-4215907	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 HOFMANN, ADELAIDA 20020 NE 63 PLACE MIAMI, FL 33015	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFMAN, ADEBAIDA 20020 NW 63RD PL MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hofmann, ADELAIDA 9911 W Okeechobee RD #107 Hialeah, FL 33016 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Adelaida Hofmann / ADELAIDA Hofmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR