

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000112728

1. Entity Name
AM DAY CARE CORP.



Principal Place of Business
4000 NW 2ND AVE
MIAMI, FL 33127

Mailing Address
4000 NW 2ND AVE
MIAMI, FL 33127



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4215907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOFMANN, ADELAIDA
20020 NE 63 PLACE
MIAMI, FL 33015

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOFMANN, ADELAIDA
STREET ADDRESS 9911 W OKEECHOBEE RD # 107
CITY-ST-ZIP HIALEAH, FL 33016

000000308615
04/16/05-80004-018 158.75

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

186-277-8996