

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Sep 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000130520 1. Entity Name APPLETREE FAMILY CHILD CARE, INC	
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Principal Place of Business 5100 EAST 8TH AVE HIALEAH, FL 33013	Mailing Address 5100 EAST 8TH AVE HIALEAH, FL 33013
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09022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1542358	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORELL, ELENA 8270 NW 166TH TERRACE MIAMI LAKES, FL 33016

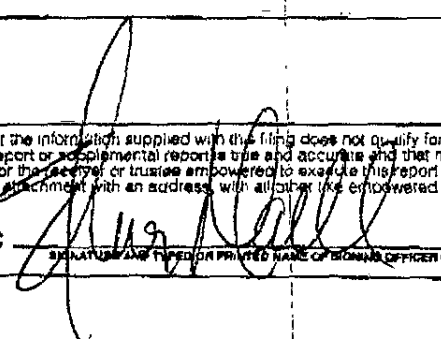
**DO NOT WRITE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when resigning)	DATE
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORELL, ELENA 8270 NW 166TH TERRACE MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALZADILLA, MARIA 8366 WEST 14TH AVE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORELL, ABILIO M 8270 NW 166TH TERRACE MIAMI LAKES, FL 33016
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09/08/04-80001-014 150.00**DO NOT WRITE
IN THIS SPACE**

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 reports 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 trustee 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: 	9/2/04 786 251 0362
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR		DATE Daytime Phone #