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

Principal Place of Business	Mailing Address
5100 EAST 8TH AVE HIALEAH, FL 33013	5100 EAST 8TH AVE HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

09022004 No Chg-P CR2E034 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	MORELL, ELENA
STREET ADDRESS	8270 NW 166TH TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VP
NAME	CALZADILLA, MARIA
STREET ADDRESS	8366 WEST 14TH AVE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	T
NAME	MORELL, ABILIO M
STREET ADDRESS	8270 NW 166TH TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/08/04-80001-014 150.00

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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 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 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: _____ 9/2/04 786 251 0362
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #