

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90009 029 \*\*\*150.00

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MOORE CR2E034 (11/03)

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|---|--|--|--|--|--|
| <b>DOCUMENT # P03000029558</b><br>1. Entity Name<br><b>BEAUTIFUL CREATIONS HOME CHILD CARE, INC.</b>  |  |  |  |  |  |
| Principal Place of Business<br><b>5200 NW 22ND CT<br/>LAUDERHILL FL 33313</b>   |  |  | Mailing Address<br><b>5200 NW 22ND CT<br/>LAUDERHILL FL 33313</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |  |
| 4. FEI Number<br><b>13-4243675</b>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MONTGOMERY, SHALONDA<br/>5200 NW 22ND CT<br/>LAUDERHILL FL 33313</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and see if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP<br><b>PST MONTGOMERY, SHALONDA 5200 NW 22ND CT LAUDERHILL FL 33313</b> <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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| 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: <i>Shalonda Montgomery</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date <b>3/15/04</b> (954) 735-2871<br><small>Daytime Phone #</small>   |  |  |