2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000044569

Entity Name: SWEETHEART DAY CARE, INC

Current Principal Place of Business:

16300 NE 19TH AVENUE
SUITE 223
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

16383 NW 57TH AVENUE
MIAMI, FL 33014

Current Mailing Address:

16300 NE 19TH AVENUE
SUITE 223
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

16383 NW 57 TH AVENUE
MIAMI, FL 33014

FEI Number: 59-3771790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKLE, MERY M
16300 NE 19TH AVENUE
SUITE 223
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

BURKLE, MERY M
16383 NW 57TH AVENUE
MIAMI, FL 33014 US

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.

SIGNATURE: MERY M. BURKLE 04/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BURKLE, GUSTAVO A
Address: 16300 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP ( ) Delete
Name: BURKLE, MERY M
Address: 16300 NE 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURKLE, GUSTAVO A
Address: 16383 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33014

Title: VP (X) Change ( ) Addition
Name: BURKLE, MERY M
Address: 16383 NW 57TH AVENUE
City-St-Zip: MIAMI, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERY M. BURKLE VP 04/26/2004
Electronic Signature of Signing Officer or Director Date