


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90005 018 \*\*\*150.00

<b>DOCUMENT # P03000058159</b> 1. Entity Name <b>PRECIOUS MOMENTS CHILD CARE INC. II</b>						
Principal Place of Business <b>40 SW 5 AVE FLORIDA CITY, FL 33034</b>			Mailing Address <b>40 SW 5 AVE FLORIDA CITY, FL 33034</b>			
2. Principal Place of Business		3. Mailing Address <b>40 NW 5 Ave</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State <b>Florida City, FL</b>				
Zip <b>33034</b>	Country		Zip <b>33034</b>		Country	
6. Name and Address of Current Registered Agent  <b>MONTANER, SULAMY 40 SW 5 AVE FLORIDA CITY, FL 33034</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>40 NW 5 AVE</b> City <b>Florida City</b> <b>FL</b> Zip Code <b>33034</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MONTANER, SULAMY</b> <b>21515 SW 400 ST</b> <b>FLORIDA CITY, FL 33034</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Montaner, Sulamy</b> <b>655 NW 2 ST</b> <b>Florida City, FL 33034</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MONTANER, RITA</b> <b>655 NW 2 ST</b> <b>FLORIDA CITY, FL 33034</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MONTANER, ROLANDO</b> <b>655NW 2 ST</b> <b>FLORIDA CITY, FL 33034</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.						
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-15-04</b> <small>Date</small>		<b>305-246-0206</b> <small>Daytime Phone #</small>	