## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2005 08:00 AM - Secretary of State

|   |   |   | <del></del>                               | •  | <b></b>                                      | ciciary or state   |
|---|---|---|---|--|--|--|
| DOCH  | MENT # P0300005815                                | 18 H 18 2   | ĺ   |  |  |  |
| 1. Entity Name  |   |   | MAY                                       |  |  |  |
| PRECIOU   | IS MOMENTS CHILD CARE IN                          |   | 1   |  |  |  |
|   |   |   |   | 1  |  |  |
|   |   |   | 20 11                                     | <u> </u>                                       |  |  |
| Principal Plac  | e of Business M                                   | ailing Address  |   |  |  |  |
| 40 SW 5 AVE 40 NW 5 AVE FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034   |   |   |   |  |  |  |
| FLORIDA CIT   | Y, FL 33034 F                                     |   |   |  |  |  |
|   |   | _   |   | (   <b>                                   </b> |  | R BOGER BURN (BUN) IIBO) DUKE KEUSEN II 1887                                   |
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|   |   |   |   | 1 (70()001 ()                                  |  | ii nathi nisal isi'ni tinni siila istisni it tasi                              |
|   |   |   | 03242005                                  | No Chg-P                                       | CR2E034 (10/03)                              |  |
| r   | O NOT WRITE I                                     | CE  |   |  | 1 70 70 70                                   |  |
| <b></b>   | O NOT WITH I                                      | 4. FEI Number Applied For 20-0031472 Not Applied.                   |   |  |  |  |
|   |   |   | 20-003                                    | 1412   | C9 75 Additional                             |  |
|   |   |   |   | 5. Certificate                                 | of Status Desired                            | Fee Required   |
|   | 6. Name and Address of Current Regis              | tered Agent   |   | <del></del>                                    |  |  |
|   | -   |   |   |  |  |  |
|   | ER, SULAMY  |   |   | DO   | <b>NOT W</b>                                 | RITE   |
| 40 NW 5 AVE   |   |   |   | -  |  | ĺ  |
| FLORIDA CITY, FL 33034 IN THIS SPACE  |   |   |   |  |  |  |
|   |   |   | 1   |  |  | )  |
|   |   |   |   |  |  |  |
| 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 of printed non-er of registered agent and title if applicable (NOTE: Registered Agent signature_required witten-trenslating) DATE   |   |   |   |  |  |  |
|   |   | 0 51 Cami Figure  | i 05                                      | 00   |  |  |
| FILE NOWISH FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |   |   |   | <b>.00</b> May Be led to Fees                  |  | I.   |
| WITEL M   | ay 1, 2005 Fee will be \$330.00                   | )   |   |  |  |  |
| 10.   | OFFICERS AND DIRE                                 | CTORS   | <b>.</b>                                  |  | Donoo  | 7-7-1-7-A-7-7-   |
| TITLE   | PD  |   |   |  | OUUUUU<br>CA A D AAC                         | 0310425<br>-80004-002 150.00   |
| NAME  | MONTANER, SULAMY                                  |   | 1   |  | n4) 10\n0.                                   | ~50004~002 150 <b>.</b> 00   |
| STREET ADDRESS<br>City St 21P   | 655 NW 2 ST<br>FLORIDA CITY, FL 33034             | •   | 1   |  |  | }  |
|   | SD SD   |   | -[  |  |  | {  |
| litle<br>Name   | MONTANER, RITA                                    |   | ſ   |  |  |  |
| STREET ADDRESS  | 655 NW 2 ST                                       | -   | 1   |  |  | }  |
| CITY-ST ZIP   | FLORIDA CITY, FL 33034_                           |   | Ţ   |  |  | ł  |
| TITLE   | TD  | <u> </u>  | 1   |  |  | ļ  |
| NAME  | MONTANER, ROLANDO                                 | <del></del>   |   |  |  | ĺ  |
| STREET AUDRESS  | 655NW 2 ST_                                       |   | }   | DO   | <b>NOT W</b>                                 | RITE   |
| CITY ST-ZIP   | FLORIDA CITY, FL 33034                            | <u></u>   | 4   |  |  | )  |
| TITLE   |   |   |   | IN "   | THIS SF                                      | PACE   |
| NAME  | _   |   | }   | - * -  | ~ = na me = me = 1                           | - 4  |
| STREET ADORESS  |   |   | 1   |  | =  | }  |
| CITY-ST-ZIP   | <u> </u>  | <del></del>   | -ĭ  |  |  | ļ  |
| TITLE   |   |   | I   |  |  | 1  |
| NAME<br>STREET ADDRESS  |   |   | 1   |  |  | )  |
| CITY ST ADDRESS   |   |   | <u> </u>                                  |  |  | . }  |
|   |   |   | 1   |  |  |  |
| IIILE<br>NAME   | )   |   | ļ.  |  |  |  |
| SIRLET ADDRESS  | }   |   | }   |  |  | ,  |
| CITY ST ZIP   |   |   | Į.  |  |  |  |
| 12. I hereby t  | certify that the information supplied with this f | iling does not qualify for the exe                                  | mption stated in Se                       | ection 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 signa<br>d to execute this report as reput | ture shall have the<br>red by Chanter 600 | same legal effek<br>7. Florida Statute         | it as il made under o<br>es, and that my nam | path, that I am an officer or director<br>e appears in Block 10 or Block 11 if |
| 12. Thereby certify that the information supplied with this filling 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 it 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. |   |   |   |  |  |  |