


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000058159	
1. Entity Name PRECIOUS MOMENTS CHILD CARE INC. II	

Principal Place of Business 40 SW 5 AVE FLORIDA CITY, FL 33034	Mailing Address 40 NW 5 AVE FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

4. FCI Number 20-0031472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MONTANER, SULAMY
40 NW 5 AVE
FLORIDA CITY, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD MONTANER, SULAMY 655 NW 2 ST FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MONTANER, RITA 655 NW 2 ST FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY ST ZIP	TD MONTANER, ROLANDO 655 NW 2 ST FLORIDA CITY, FL 33034
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04/18/05-80004-002 150.00

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IN THIS SPACE**

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: _____ 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DAYTIME PHONE # _____