

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058159

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: PRECIOUS MOMENTS CHILD CARE INC. II

## Current Principal Place of Business:

40 SW 5 AVE  
FLORIDA CITY, FL 33034

## New Principal Place of Business:

40 NW 5 AVE  
FLORIDA CITY, FL 33034

## Current Mailing Address:

40 NW 5 AVE  
FLORIDA CITY, FL 33034

## New Mailing Address:

FEI Number: 20-0031472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MONTANER, SULAMY  
Address: 655 NW 2 ST  
City-St-Zip: FLORIDA CITY, FL 33034

Title: SD ( ) Delete  
Name: MONTANER, RITA  
Address: 655 NW 2 ST  
City-St-Zip: FLORIDA CITY, FL 33034

Title: TD ( ) Delete  
Name: MONTANER, ROLANDO  
Address: 655NW 2 ST  
City-St-Zip: FLORIDA CITY, FL 33034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MONTANER, ROLANDO  
Address: 655 NW 2 ST  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SULAMY MONTANER

P

01/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date