

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90103 015 \*\*\*150.00

**DOCUMENT # P03000058159**

1. Entity Name  
PRECIOUS MOMENTS CHILD CARE INC. II



Principal Place of Business  
40 NW 5 AVE  
FLORIDA CITY, FL 33034

Mailing Address  
40 NW 5 AVE  
FLORIDA CITY, FL 33034

40004512



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0031472

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: