2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094481

Address:

City-St-Zip:

6252 NW 199TH TERRACE

MIAMI, FL 330152180

FILED Jul 27, 2004 Secretary of State

Entity Na	me: CENTRO) INFANTIL JARDIN DE PRINC	CIPES, INC.			
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
	199TH TERRA 330152180	CE	BAY #11 &	7750 W 26TH AVENUE BAY #11 & 12 HIALEAH, FL 33016		
Current N	lailing Addre	ss:	New Mailing Address:			
	199TH TERRA 330152180	CE				
FEI Number: 51-0480417 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
	RMEN B 199TH TERRA 330152180	ACE				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notic	e.		
	mpaign Financin S AND DIREC	g Trust Fund Contribution ().	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address:	SILVA, SULETA 6252 NW 1991	H TERRACE	Title: Name: Address:	ı	() Change () Addition	
City-St-Zip:	MIAMI, FL 330	1152180	City-St-Zip:			
Title: Name: Address: City-St-Zip:	V (SILVA, GERCI 6252 NW 1997 MIAMI, FL 330	H TERRACE	Title: Name: Address: City-St-Zip:	MORENO, M	9TH TERRACE	
Title:	S () Delete	Title:		() Change () Addition	
Name:	SILVA, CARME		Name:			
Address: City-St-Zip:	6252 NW 1997 MIAMI, FL 330		Address: City-St-Zip:			
Title:	,) Delete	Title:	ı	() Change () Addition	
Name:	MORENO, MIL		Name:			
Address: City-St-Zip:	6252 NW 1997 MIAMI, FL 330		Address: City-St-Zip:			
Title: Name:	D (X CONTRERAS,) Delete LUIS A	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: SULETA J. SILVA Ρ 07/27/2004