

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 012 ***150.00

DOCUMENT # P03000099001 1. Entity Name CANDY LAND CHILD CARE CENTER, INC.			
Principal Place of Business 4150 SW 137 CT MIAMI, FL 33175		Mailing Address 4150 SW 137 CT MIAMI, FL 33175	
2. Principal Place of Business 4150 SW 137 ct Suite, Apt. #, etc.		3. Mailing Address same. Suite, Apt. #, etc.	
City & State Miami, FL		City & State same.	
Zip 33175	Country USA	Zip 33175	Country USA
4. FEI Number 30-0202524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, GLADYS 4150 SW 137 CT MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MARTIN, GLADYS	<input type="checkbox"/> Delete	
STREET ADDRESS 4150 SW 137 CT	CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	NAME AMARANTE, AMAVRY A	<input type="checkbox"/> Delete	
STREET ADDRESS 4150 SW 137 CT	CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AMAVRY	NAME AMARANTE, AMAVRY A	<input type="checkbox"/> Delete	
STREET ADDRESS 4150 SW 137 CT	CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AMAVRY	NAME AMARANTE, AMAVRY A	<input type="checkbox"/> Delete	
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TITLE AMAVRY	NAME AMARANTE, AMAVRY A	<input type="checkbox"/> Delete	
STREET ADDRESS 4150 SW 137 CT	CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AMAVRY	NAME AMARANTE, AMAVRY A	<input type="checkbox"/> Delete	
STREET ADDRESS 4150 SW 137 CT	CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Gladys Martin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		07/05/04 (205) 226-5042 Date Daytime Phone #	

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