


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000107945
 1. Entity Name
 SUNNY DAYS CARE SERVICES, INC.



Principal Place of Business Mailing Address
 1718 SW 23 STREET 1718 SW 23 STREET
 MIAMI, FL 33145 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE



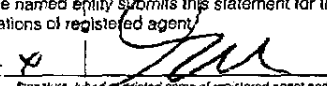
02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3705048	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
 RODRIGUEZ, ELIZABETH
 1718 SW 23 STREET
 MIAMI, FL 33145

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  DATE 2/8/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

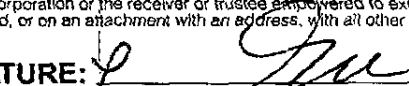
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, ELIZABETH 1718 SW 23 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VALDES, EVELIO JR. 1718 SW 23 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000433908
 02/24/06-80036-015 150.00

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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 807, 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:  DATE 2/2/06 786-443-7547
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #