2004 FOR PROFIT CORPORATION

FILED Jul 16, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P03000112102** 07-16-2004 90005 007 ***150.00 BEST I AM DAYCARE MINISTRY, INC. Principal Place of Business Mailing Address ATTN: MRS. MARY BRANTLY ATTN: MRS. MARY BRANTLY **4**£6200±0 747 NW 77 TERRACE EAST 747 NW 77 TERRACE EAST MIAMI, FL 33150 MIAMI, FL 33150 2. Principal Place of Business 3. Mailing Address ATTN: MARY BRANTLEY Suite, Apt. #, etc. Suite, Apt. #, etc 07062004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For 16-1684597 uwo>D Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box owne (Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELKIN, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 8201 NORTH PETERS ROAD 1000 PLANTATION, FL 33324 Zip Code FI . 3. 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 it applicable. (NOTE: Registered Agent signature required when renstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ş. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition AN NUT TURNER, MARY L NAME NAME **1805 NW 47 TERRACE** STREET ADDRESS RACE EAST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP MIAMI Addition TITLE ☐ Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME LODJOSH IA NNING STREET ADDRESS STREET ADDRESS つ ルル CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change GREEN JOE 4213 NW 17TH AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, F1 33147 ☐ Delete TIT) F ☐ Change Addition REEN SHAMI QUE NAME NAME INW MOR AN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MZAMI. Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Plorida 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.

SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Affachment

I. Entity Name BEST I AN	M DAYCARE MINISTR	RY, INC.							
Principal Place of Business ATTN: MRS. MARY BRANTLY 747 NW 77 TERRACE EAST MIAMI, FL 33150		747 NW 77 TER	Mailing Address ATTN: MRS. MARY BRANTLY 747 NW 77 TERRACE EAST MIAMI, FL 33150		4 (15 4)) (10)	# ************************************			, <u>, , , , , , , , , , , , , , , , , , </u>
2. Principal Pla	ace of Business	3. Mailing Address	5	· · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		07132004	Chg-P	CR2E0	34 (10/03)	
City & State) ¹⁷	City & State	City & State		4. FEI Numbe 16-168			— —	plied For t Applicabl
Zip	Country	Zip	Coun	ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of C	urrent Registered Agent	•	Name	7. Name and	Address of New	Registered /	igent	
3201 NOR	TH PETERS ROAD			Street Address (P.O. Box Number is Not Acceptable)					
1000 PLANTATION, FL 33324				City			FL	Zip Code	
 	named ontity submits this	most for the surpose of obse	nging its register	ed office or registe	ered agent or bo	th in the State of		amiliar with,	and accep
the obligati	named entity submits this stater ions of registered agent. Signature, typed or printed name of register.	red agent and title if applicable. 9. Election	(NOTE: Registere	ed Agent signature require	ed when reinstaing)	st, iii iie date di	DATE		
the obligati	Signature, typed or printed name of register LE NOW!!! FEE IS \$550. ue by September 8, 200	red agent and title if applicable. 9. Election	(NOTE: Registere	ad Agent signature requirencing \$5	ed when renstating) 5.00 May Be Ided to Fees	CHANGES TO O		DIRECTORS	i IN 11
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