

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90005 007 \*\*\*150.00

<b>DOCUMENT # P03000112102</b> 1. Entity Name <b>BEST I AM DAYCARE MINISTRY, INC.</b>			
Principal Place of Business <b>ATTN: MRS. MARY BRANTLY</b> <b>747 NW 77 TERRACE EAST</b> <b>MIAMI, FL 33150</b>		Mailing Address <b>ATTN: MRS. MARY BRANTLY</b> <b>747 NW 77 TERRACE EAST</b> <b>MIAMI, FL 33150</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>ATTN: MRS. MARY BRANTLY</b> <b>3140 SW 37 TERRACE</b> <b>Hollywood, FL</b> <b>33023</b> <b>BROWARD</b>	
4. FEI Number <b>16-1684597</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ELKIN, MICHAEL D</b> <b>8201 NORTH PETERS ROAD</b> <b>1000</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 restate) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TURNER, MARY L</b> <b>1805 NW 47 TERRACE</b> <b>MIAMI, FL 33142</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>BRANTLEY, MARY L,</b> <b>747 NW 77 TERRACE EAST</b> <b>MIAMI, FL 33150</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>BRANTLEY, JIMMY</b> <b>747 NW 77 TERRACE EAST</b> <b>MIAMI, FL 33150</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>GENNING, LORJOSHIA</b> <b>747 NW 77 TERRACE EAST</b> <b>MIAMI, FL 33150</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREEN, JOE</b> <b>4213 NW 17TH AVE</b> <b>MIAMI, FL 33147</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREEN, SHAMIQUE</b> <b>4213 NW 17TH AVE</b> <b>MIAMI, FL 33147</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARTIN, SHEENA</b> <b>2448 NW 154 TERR.</b> <b>OPA LOCKA, FL 33054</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> <i>Mary Brantley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>7-7-04 - 305-8368861</b> <small>Date      Daytime Phone #</small>	

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

*Attachment*

**DOCUMENT # P03000112102**

1. Entity Name  
BEST I AM DAYCARE MINISTRY, INC.



Principal Place of Business  
ATTN: MRS. MARY BRANTLY  
747 NW 77 TERRACE EAST  
MIAMI, FL 33150

Mailing Address  
ATTN: MRS. MARY BRANTLY  
747 NW 77 TERRACE EAST  
MIAMI, FL 33150

*54062594*



2. Principal Place of Business

3. Mailing Address

07132004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
16-1684597

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELKIN, MICHAEL D  
8201 NORTH PETERS ROAD  
1000  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TURNER, MARY L ☐ Delete  
STREET ADDRESS 1805 NW 47 TERRACE  
CITY-ST-ZIP MIAMI, FL 33142

TITLE D  
NAME ROBERT, CATRINA ☐ Change ☒ Addition  
STREET ADDRESS 17600 NW 15th Ct #105  
CITY-ST-ZIP MIAMI, FL 33014

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #